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QYE NYAME is an Akan symbol, representing the omnipotence and the omnipresence of God, originating from Ghana, West Africa, ARISE Magazine embraces **QYE NYAME** to affirm the inherent spiritual nature of all African descended diverse people. While we acknowledge and honor the bountiful expression of our individual spiritual beliefs, **QYE NYAME** is offered as an articulation of our totality and collective strength to effect positive change.

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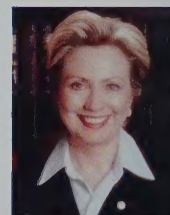
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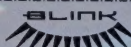


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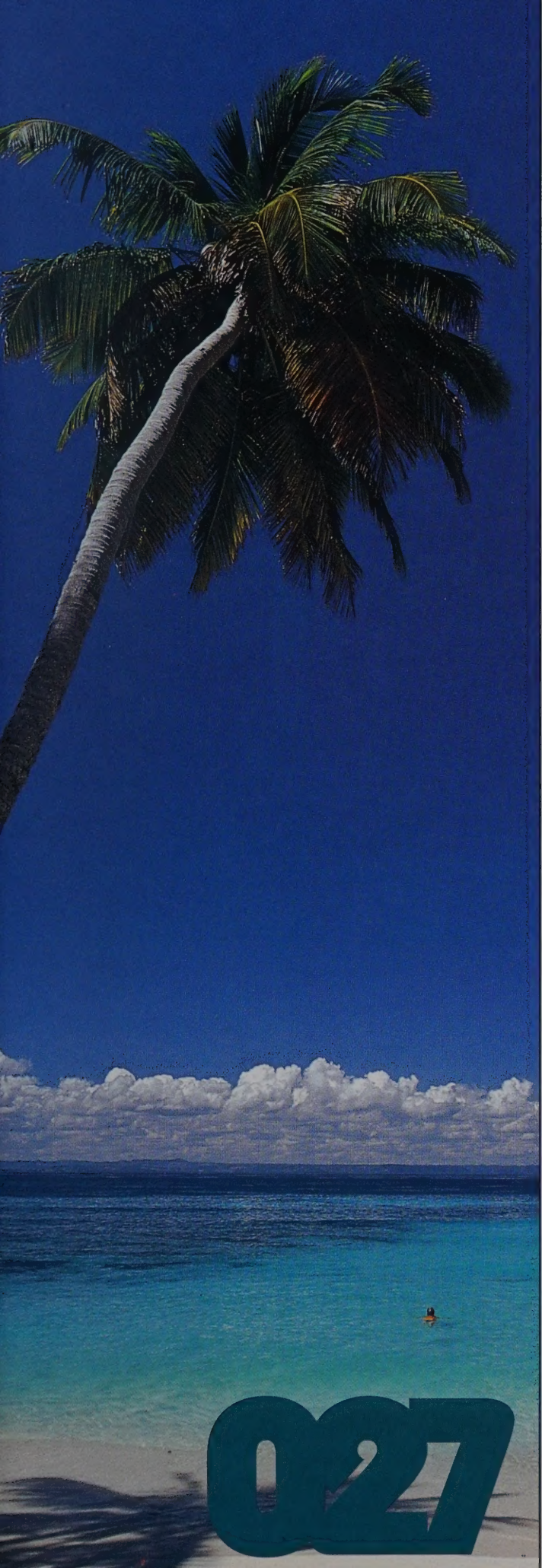
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Janine Y. Saunders, a native of San Francisco, is a Master of Public Health student at University of California, Berkeley. At UC Berkeley, she serves as the co-chair of the Graduate Association of Public Health Students and as a graduate student researcher for the Center for Community Wellness. Janine is currently the Outreach Project Director at Lyon-Martin Women's Health Services in San Francisco and is also a fellow for the SF Bay Area Health Professions Partnership Initiative. She can be reached at JanineYS@aol.com.



LINDA LEE

Linda Lee competed in professional bodybuilding until 1995, landing her a national print campaign with Lady Footlocker. She maintains multiple certifications as a fitness instructor and trainer. Her special skills include Speed Training, Pool Training, Marathon Training, Weight Management, and Pre- and Post-Natal Training.



NTOMBI HOWELL, MA

Ntombi Howell is the program director of the Extended Family Recovery Program for Glide Memorial Church in San Francisco. She is a member of the faculty of the New College of California BA completion program. Ntombi develops and facilitates personal growth workshops that focus on empowerment and spirituality and that speak to the healing of marginalized populations, especially women who have survived sexual abuse and domestic violence. Ntombi is a performance artist, the co-creator, along with Earnest Andrews and the late Peter Barclay, of Sweet Potato Pie, a performance group dedicated to raising the awareness of the black community around the issues of AIDS and homophobia. She has also performed in the Dyke Drama series at Luna Sea Theatre. Ntombi is a "round and brown" woman who celebrates the beauty, power and passion of voluptuous black women, a feminist and a fabulous femme, who loves herself fiercely.



DEBRA FRASER-HOWZE

Debra Fraser-Howze is the president and CEO of the New York City-based National Black Leadership Commission on AIDS (BLCA), which she founded in 1987. Under the leadership of Ms. Fraser-Howze, BLCA has grown to become the oldest and largest black HIV and AIDS non-profit organization of its kind in America.



REVEREND ALFREDA LANOIX

Reverend. Elder Alfreda Lanoix is a pastor of the Unity Fellowship Church. She has received multiple recognitions for her HIV/AIDS work including a 1999 commendation from the Los Angeles County Board of Supervisors. She currently serves as chief operations officer and assistant director of health education at the Minority AIDS Project in Los Angeles. Rev. Elder Lanoix resides in Inglewood, California.



TIM'M T. WEST

Tim'm T. West is a poet, scholar, artist, and activist living in Oakland, CA. He has just finished a memoir "Red Dirt Revival" that journeys his rhytes of passage into manhood. The book should be available sometime this Winter.

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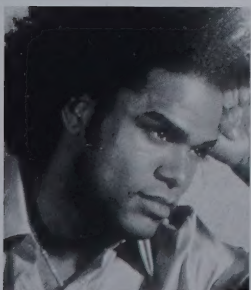
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MAXWELL

Courtesy: Sony Music

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Introducing



TRIZIVIR[®]

abacavir sulfate+lamivudine+zidovudine

300 mg

150 mg

300 mg

ONE TABLET TWICE A DAY

TRIZIVIR is for adults and adolescents who weigh 88 pounds or more. TRIZIVIR does not cure HIV infection/AIDS or prevent passing HIV to others. At this time, it's not known whether taking TRIZIVIR will slow the progress of HIV disease or help you live longer.

Important Safety Information

TRIZIVIR contains abacavir, which is also called ZIAGEN. About 1 in 20 patients (5%) who take abacavir (as TRIZIVIR or ZIAGEN) will have a **serious allergic reaction** (hypersensitivity reaction) that **may cause death if the drug is not stopped right away.**

You may be having this reaction if:

(1) you get a skin rash, or

(2) you get 1 or more symptoms from at least 2 of the following groups:

- Fever
- Extreme tiredness, achiness, generally ill feeling
- Nausea, vomiting, diarrhea, abdominal (stomach area) pain
- Sore throat, shortness of breath, cough

If you think you may be having a reaction, **STOP taking TRIZIVIR and call your doctor right away.**

If you stop treatment with TRIZIVIR because of this serious reaction, **NEVER take abacavir (as TRIZIVIR or ZIAGEN) again.** If you take any of these medicines again after you have had this serious reaction, **you could die within hours.**

NEW for HIV



1 tablet



2 times a day



3 medicines

3 HIV medicines in 1 tablet

- One tablet, two times a day, with or without food
- TRIZIVIR contains ZIAGEN® (abacavir sulfate 300 mg), EPIVIR® (lamivudine 150 mg), and RETROVIR® (zidovudine 300 mg) in a single tablet

3-in-1 therapy

Talk to your healthcare professional about whether TRIZIVIR may be right for you. For more information, call 1-888-825-5249.

Some patients who have stopped taking abacavir (as TRIZIVIR or ZIAGEN) and who have then started taking abacavir again have had serious or life-threatening allergic (hypersensitivity) reactions. If you must stop treatment with TRIZIVIR for reasons other than symptoms of hypersensitivity, do not begin taking it again without talking to your healthcare provider. If your healthcare provider decides that you may begin taking abacavir (as TRIZIVIR or ZIAGEN) again, you should do so only in a setting with other people to get access to a doctor, if needed.

A written list of these symptoms is on the Warning Card your pharmacist gives you. Carry this Warning Card with you.

Make sure to see your doctor regularly because serious side effects can occur, such as muscle damage and a decrease in red and/or white blood cells, especially in patients with advanced HIV disease or AIDS.

A buildup of lactic acid and severe liver problems, including fatal cases, have been reported with HIV drugs of this type, including the medicines in TRIZIVIR and other antiretrovirals.

The most common side effects of taking the medicines in TRIZIVIR together are nausea, vomiting, diarrhea, loss of appetite, weakness or tiredness, headache, dizziness, pain or tingling of the hands or feet, and muscle and joint pain. Most of these side effects were mild to moderate and did not cause people to stop taking these medicines.¹

Reference: 1. Data on file, GlaxoSmithKline.

Please see important information for TRIZIVIR on adjacent page. www.TRIZIVIR.com



MEDICATION GUIDE

TRIZIVIR® (TRY-zih-veer) Tablets

Generic name: abacavir sulfate, lamivudine, and zidovudine

Read the Medication Guide you get each time you fill your prescription for Trizivir. There may be new information since you filled your last prescription.

What is the most important information I should know about Trizivir?

Trizivir contains abacavir, which is also called Ziagen®. About 1 in 20 patients (5%) who take abacavir (as Trizivir or Ziagen) will have a **serious allergic reaction** (hypersensitivity reaction) that **may cause death if the drug is not stopped right away**.

You may be having this reaction if:

- (1) *you get a skin rash, or*
- (2) *you get 1 or more symptoms from at least 2 of the following groups:*

- Fever
- Nausea, vomiting, diarrhea, abdominal (stomach area) pain
- Extreme tiredness, achiness, generally ill feeling
- Sore throat, shortness of breath, cough

If you think you may be having a reaction, **STOP taking Trizivir and call your doctor right away**.

If you stop treatment with Trizivir because of this serious reaction, **NEVER take abacavir (as Trizivir or Ziagen) again**. If you take any of these medicines again after you have had this serious reaction, **you could die within hours**.

Some patients who have stopped taking abacavir (as Trizivir or Ziagen) and who have then started taking abacavir again have had serious or life-threatening allergic (hypersensitivity) reactions. If you must stop treatment with Trizivir for reasons other than symptoms of hypersensitivity, do not begin taking it again without talking to your health care provider. If your health care provider decides that you may begin taking abacavir (as Trizivir or Ziagen) again, you should do so only in a setting with other people to get access to a doctor if needed.

A written list of these symptoms is on the Warning Card your pharmacist gives you. Carry this Warning Card with you.

Trizivir can have other serious side effects. Be sure to read the section below entitled "What are the possible side effects of Trizivir?"

What is Trizivir?

Trizivir is a medicine used to treat HIV infection. Trizivir includes 3 medicines: Ziagen (abacavir), Epivir® (lamivudine or 3TC®), and Retrovir® (zidovudine, AZT, or ZDV).

All 3 of these medicines are called nucleoside analogue reverse transcriptase inhibitors (NRTIs). When used together, they help lower the amount of HIV in your blood. This helps to keep your immune system as healthy as possible so it can fight infection.

Different combinations of medicines are used to treat HIV infection. You and your doctor should discuss which combination of medicines is best for you.

Trizivir does not cure HIV infection or AIDS. Trizivir has not been studied long enough to know if it will help you live longer or have fewer of the medical problems that are associated with HIV infection or AIDS. Therefore, you must see your health care provider regularly.

Who should not take Trizivir?

Do not take Trizivir if you have ever had a serious allergic reaction (a hypersensitivity reaction) to any of the medicines that make up Trizivir, especially Ziagen (abacavir). If you have had such a reaction, return all of your unused Trizivir to your doctor or pharmacist.

Do not take Trizivir if you weigh less than 90 pounds.

How should I take Trizivir?

To help make sure that your anti-HIV therapy is as effective as possible, take your Trizivir exactly as your doctor prescribes it. Do not skip any doses.

The usual dosage is 1 tablet twice a day. You can take Trizivir with food or on an empty stomach.

If you miss a dose of Trizivir® (abacavir sulfate, lamivudine, and zidovudine), take the missed dose right away. Then, take the next dose at the usual scheduled time. Do not let your Trizivir run out. The amount of virus in your blood may increase if your anti-HIV drugs are stopped, even for a short time. Also, the virus in your body may become harder to treat.

What should I avoid while taking Trizivir?

Do not take Epivir, Retrovir, Combivir®, or Ziagen while taking Trizivir. These medicines are already in Trizivir.

Practice safe sex while using Trizivir. Do not use or share dirty needles. Trizivir does not reduce the risk of passing HIV to others through sexual contact or blood contamination.

Talk to your doctor if you are pregnant or if you become pregnant while taking Trizivir. Trizivir has not been studied in pregnant women. It is not known whether Trizivir will harm the unborn child.

Mothers with HIV should not breastfeed their babies because HIV is passed to the baby in breast milk. Also, Trizivir can be passed to babies in breast milk and could cause the child to have side effects.

What are the possible side effects of Trizivir?

Life-threatening allergic reaction. Trizivir contains abacavir, which is also called Ziagen. Abacavir has caused some people to have a life-threatening allergic reaction (hypersensitivity reaction) that can cause death. How to recognize a possible reaction and what to do are discussed in "What is the most important information I should know about Trizivir?" at the beginning of this Medication Guide.

Lactic acidosis and severe liver problems. The medicines in Trizivir can cause a serious condition called lactic acidosis and, in some cases, this condition can cause death. Nausea and tiredness that don't get better may be symptoms of lactic acidosis. Women are more likely than men to get this serious side effect.

Blood problems. Retrovir, one of the medicines in Trizivir, can cause serious blood cell problems. These include reduced numbers of white blood cells (neutropenia) and extremely reduced numbers of red blood cells (anemia). These blood cell problems are especially likely to happen in patients with advanced HIV disease or AIDS.

Your doctor should be checking your blood cell counts regularly while you are taking Trizivir. This is especially important if you have advanced HIV or AIDS. This is to make sure that any blood cell problems are found quickly.

Muscle weakness. Retrovir, one of the medicines in Trizivir, can cause muscle weakness. This can be a serious problem.

Other side effects. Trizivir can cause other side effects. The most common side effects of taking the medicines in Trizivir together are nausea, vomiting, diarrhea, loss of appetite, weakness or tiredness, headache, dizziness, pain or tingling of the hands or feet, and muscle and joint pain.

This listing of side effects is not complete. Your doctor or pharmacist can discuss with you a more complete list of side effects with Trizivir.

Ask a health care professional about any concerns about Trizivir. If you want more information, ask your doctor or pharmacist for the labeling for Trizivir that was written for health care professionals.

Do not use Trizivir for a condition for which it was not prescribed. Do not give Trizivir to other persons.

GlaxoWellcome

Glaxo Wellcome Inc.
Research Triangle Park, NC 27709

November 2000
MG-011

This Medication Guide has been approved by the US Food and Drug Administration.

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TRZ022R0

May 2001



YOUR FEEDBACK

Just a few words to say thank you for a beautifully put together magazine! Sometimes I think that people just forget about style or just don't care. Thank you for the style. I read the June issue from cover to cover and I was especially intrigued by Mr. Fullwood's article. My sincerest thanks for such a wonderful publication.

Holiday

Seattle, WA

I like the stories in ARISE, but I would like to see more personal inspiration stories. Stories of triumph. Reading about someone else's battles gives me inspiration and energy to conquer my own.

Michelle Townsend

California City, CA

Love the photos in the August issue. One question—Who's that Lady?

Brenda McKennon

Atlanta, GA



FAUX PAS

ARISE Magazine would like to correct an error in our July issue. We had the pleasure of featuring an editorial by Mr. Cleo Manago, President and CEO of the AMASSI Center in Los Angeles, California. ARISE Magazine inadvertently omitted Mr. Manago's biography and photo from the Contributor's Page. We apologize for this inconvenience and recognize Mr. Manago's contribution to this publication.

Action!

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Addictions, Recovery and Spirituality

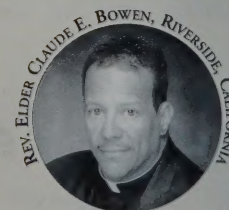
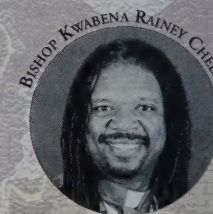
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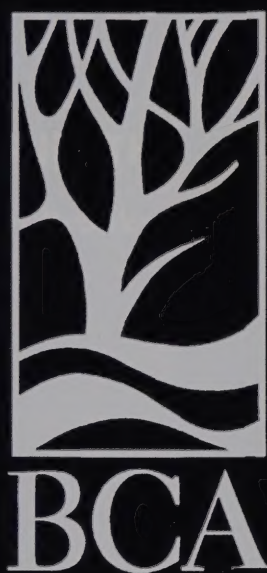
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The Black Coalition on AIDS

Building a Healthy Black Community

Founded in 1986, BCA is one of the oldest organizations in the nation dedicated to stopping the spread of HIV/AIDS in the Black community

BCA offers the following programs & services to meet the needs of our clients:

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3 Street Project
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Youth Program
Transgender Project
Men's Services

For
information
visit BCA Online:
www.bcoa.org

bcoa@bcoa.org

You can't just sit there and wait for people to give you that golden dream, you've got to get out there and make it happen for yourself.

Diana Ross—Entertainer

As long as I can remember, my parents declared the value of owning a home to my four brothers, two sisters and me. It was as though they sought to sew seeds in our hearts. I know first hand the intense desire that comes with wanting to call a piece of land my own, and the structure that sits on its surface my home.

I have learned that something profoundly powerful happens in life when we pronounce with words what it is that we desire.

I want to be a home owner.

There, I said it. And while that may be a strange declaration to some, the reality is that for many people, home ownership has proven elusive. But, we are no less convinced that with diligence, planning and decisive action the dream is attainable. Recent studies are encouraging, showing that more African Americans now than at any other time in history are purchasing homes. The seeds that have been planted are bearing fruit.

This month ARISE celebrates the dream of home ownership. We present the story of two men who are committed to literally "building" community, with photographs of their stylish homes by Sean Drakes. A new volume of photography entitled *In Our Own Image* reminds us of our longstanding heritage of home ownership replete with love, laughter, family, Sunday afternoon dinners and lots of friends.

Howard Buford, founder and CEO of Prime Access, an advertising firm with expertise in marketing specifically to the African-American, Latino and gay/lesbian market reminds us of the true value of diversity, and the wisdom of pursuing one's personal dream.

Whatever the content of your dream, this issue is dedicated to the vision, tenacity and boldness that come with stepping out and declaring "I'm going for it." Let nothing deter you. Our history reminds us when we are determined and committed to a dream, we become an indomitable force.



MacArthur

LIBATION TO THE ELDERS

A SONG IN THE FRONT YARD

Gwendolyn Brooks

I've stayed in the front yard all my life.

I want a peek at the back

Where it's rough and untended

and hungry weed grows.

A girl gets sick of a rose.

I want to go in the back yard now

And maybe down the alley,

To where the charity children play.

I want a good time today.

They do some wonderful things.

They have some wonderful fun.

My mother sneers, but I say it's fine

How they don't have to go in at a quarter to nine.

My mother she tells me that Johnnie Mae

Will grow up to be a bad woman.

That George'll be taken to jail soon or late.

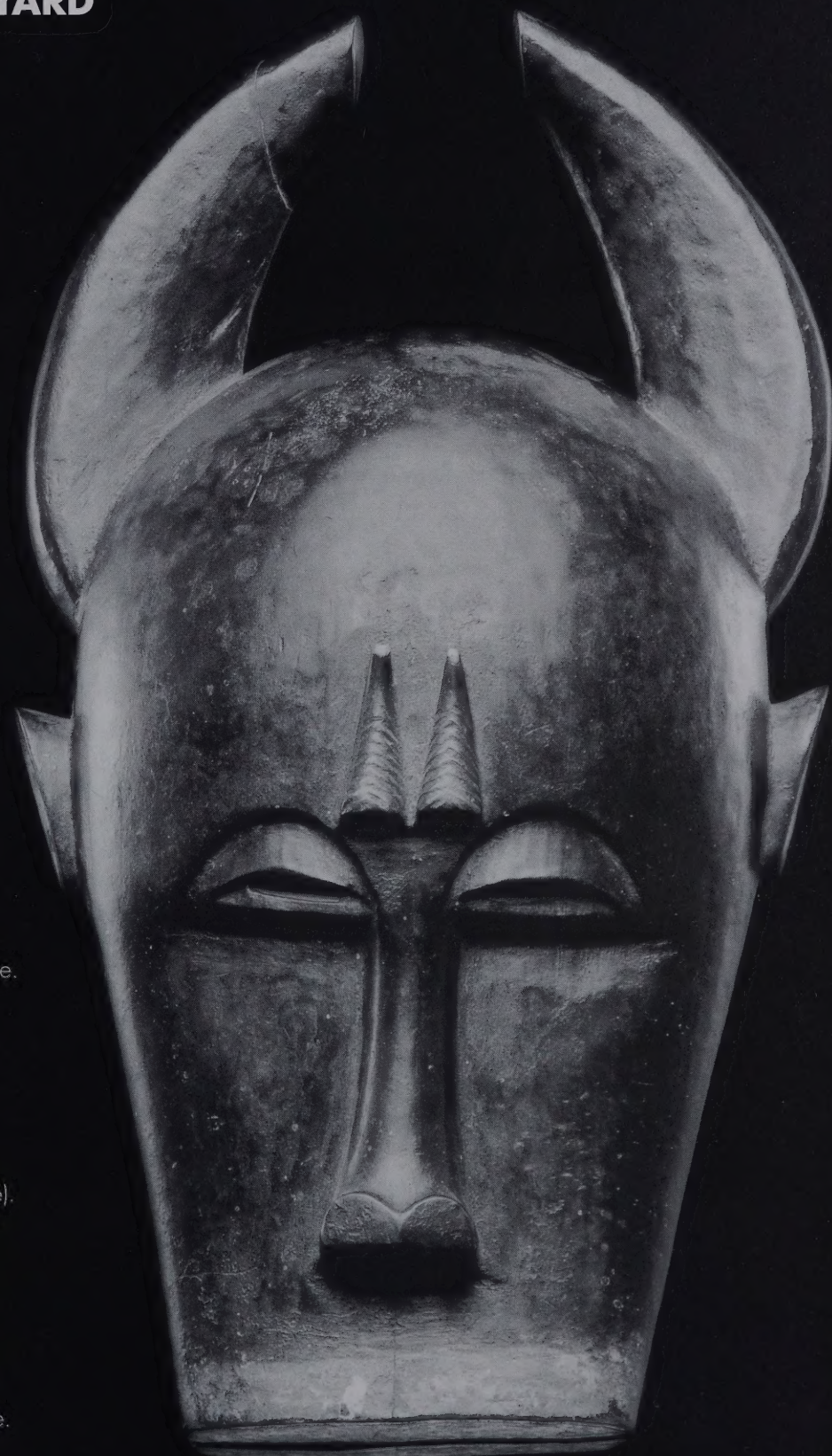
(On account of last winter he sold our back gate).

But I say it's fine. Honest I do.

And I'd like to be a bad woman, too,

And wear the brave stockings of night-black lace.

And strut down the street with paint on my face.



12 HOTTEST CITIES

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Oakland, CA 94621 www.miracleworks4me.com
Ms. P. Rhae, owner/Broker

*estimates retrieve from 2001 2nd quarterly report

future determination reason commitment control control action
Because taking care of everyone I love means taking care of myself first.

It's Time To Plan Your Future With VIRACEPT®.

Because it's strong and effective. Keep your viral load down with the #1 prescribed HIV medication of its kind.* VIRACEPT works with you to keep your life on track.

Because it's easy to live with. VIRACEPT's easy dosing schedule and manageable side effects have been helping all kinds of people continue to lead their lives on their own terms.

Because it saves future options. When choosing a treatment plan, it's important to consider what options you will have in the future. Studies show taking VIRACEPT early on leaves you with choices in treatment for later. Ask your doctor about your future with VIRACEPT.

VIRACEPT®
nelfinavir mesylate
tablets and oral powder

VIRACEPT is indicated in combination with other antiretroviral agents for the treatment of HIV infection. The most common side effect of VIRACEPT is diarrhea, which can usually be controlled with over-the-counter treatments. Some prescription and non-prescription drugs and supplements should not be taken with VIRACEPT, so talk to your doctor first. For some people, protease inhibitors have been associated with the onset or worsening of diabetes mellitus and hyperglycemia, changes in body fat, and increased bleeding in hemophiliacs. **HIV drugs do not cure HIV infection or prevent you from spreading the virus.**

Refer to the important information on the next page. For more information, call toll free 1-888-VIRACEPT or visit www.viracept.com.

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Agouron®
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A Pfizer Company



VIRACEPT®

(nelfinavir mesylate)

Tablets and Oral Powder

Information for Patients about VIRACEPT® (VI-ra-cept)

Generic Name: nelfinavir (nel-FIN-na-veer) mesylate

For the Treatment of Human
Immunodeficiency Virus (HIV) Infection

Please read this information carefully before taking VIRACEPT. Also, please read this leaflet each time you renew the prescription, just in case anything has changed. This is a summary and not a replacement for a careful discussion with your doctor. You and your doctor should discuss VIRACEPT when you start taking this medication and at regular checkups. You should remain under a doctor's care when taking VIRACEPT and should not change or stop treatment without first talking with your doctor.

Alert: Find out about medicines that should NOT be taken with VIRACEPT. Please also read the section "MEDICINES YOU SHOULD NOT TAKE WITH VIRACEPT".

WHAT IS VIRACEPT AND HOW DOES IT WORK?

VIRACEPT is used in combination with other antiretroviral drugs in the treatment of people with human immunodeficiency virus (HIV) infection. Infection with HIV leads to the destruction of CD4 T cells, which are important to the immune system. After a large number of CD4 cells have been destroyed, the infected person develops acquired immune deficiency syndrome (AIDS).

VIRACEPT works by blocking HIV protease (a protein-cutting enzyme), which is required for HIV to multiply. VIRACEPT has been shown to significantly reduce the amount of HIV in the blood. Although VIRACEPT is not a cure for HIV or AIDS, VIRACEPT can help reduce your risk for death and illness associated with HIV. Patients who took VIRACEPT also had significant increases in the number of CD4 cell count.

VIRACEPT should be taken together with other antiretroviral drugs such as Retrovir® (zidovudine, AZT), Epivir® (lamivudine, 3TC), or Zerit® (stavudine, d4T). Taking VIRACEPT in combination with other antiretroviral drugs reduces the amount of HIV in the body (viral load) and raises CD4 counts.

VIRACEPT may be taken by adults, adolescents, and children 2 years of age or older. Studies in infants younger than 2 years of age are now taking place.

DOES VIRACEPT CURE HIV OR AIDS?

VIRACEPT is not a cure for HIV infection or AIDS. People taking VIRACEPT may still develop opportunistic infections or other conditions associated with HIV infection. Some of these conditions are pneumonia, herpes virus infections, *Mycobacterium avium* complex (MAC) infections, and Kaposi's sarcoma.

There is no proof that VIRACEPT can reduce the risk of transmitting HIV to others through sexual contact or blood contamination.

WHO SHOULD OR SHOULD NOT TAKE VIRACEPT?

Together with your doctor, you need to decide whether VIRACEPT is appropriate for you. In making your decision, the following should be considered:

Allergies: if you have had a serious allergic reaction to VIRACEPT, you must not take VIRACEPT. You should also inform your doctor, nurse, or pharmacist of any known allergies to substances such as other medicines, foods, preservatives, or dyes.

If you are pregnant: The effects of VIRACEPT on pregnant women or their unborn babies are not known. If you are pregnant or plan to become pregnant, you should tell your doctor before taking VIRACEPT.

If you are breast-feeding: You should discuss with your doctor the best way to feed your baby. You should be aware that if your baby does not already have HIV, there is a chance that it can be transmitted through breast-feeding.

Women should not breast-feed if they have HIV.

Children: VIRACEPT is available for the treatment of children 2 through 13 years of age with HIV. There is a powder form of VIRACEPT that can be mixed with milk, baby formula, or foods like pudding. Instructions on how to take VIRACEPT powder can be found in a later section that discusses how VIRACEPT Oral Powder should be prepared.

If you have liver disease: VIRACEPT has not been studied in people with liver disease. If you have liver disease, you should tell your doctor before taking VIRACEPT.

Other medical problems: Certain medical problems may affect the use of VIRACEPT. Some people taking protease inhibitors have developed new or more serious diabetes or high blood sugar. Some people with hemophilia have had increased bleeding. It is not known whether the protease inhibitors caused these problems. Be sure to tell your doctor if you have hemophilia types A and B, diabetes mellitus, or an increase in thirst and/or frequent urination.

Changes in body fat have been seen in some patients taking protease inhibitors. These changes may include increased amount of fat in the upper back and neck ("buffalo hump"), breast, and around the trunk. Loss of fat from the face, legs and arms may also happen. The cause and long-term health effects of these conditions are not known at this time.

CAN VIRACEPT BE TAKEN WITH OTHER MEDICATIONS?

VIRACEPT may interact with other drugs, including those you take without a prescription. You must discuss with your doctor any drugs that you are taking or are planning to take before you take VIRACEPT.

Medicines you should not take with VIRACEPT:

Propulsid® (cisapride, for heartburn)

Cordarone® (amiodarone, for irregular heartbeat)

Quinidine (for irregular heartbeat), also known as Quinaglute®, Cardioquin®, Quinidex®, and others

Ergot derivatives (Cafergot® and others, for migraine headache)

Halcion® (triazolam)

Versed® (midazolam)

Mevacor® (lovastatin, for cholesterol lowering)

Zocor® (simvastatin, for cholesterol lowering)

Taking the above drugs with VIRACEPT may cause serious and/or life-threatening adverse events.

Rifampin® (for tuberculosis), also known as Rimactane®, Rifadin®, Rifater®, or Rifamate®

This drug reduces blood levels of VIRACEPT.

Dose reduction required if you take VIRACEPT with: Mycobutin® (rifabutin, for MAC); you will need to take a lower dose of Mycobutin.

A change of therapy should be considered if you are taking VIRACEPT with:

Phenobarbital

Phenytoin (Dilantin® and others)

Carbamazepine (Tegretol® and others)

These agents may reduce the amount of VIRACEPT in your blood and make it less effective.

Oral contraceptives ("the pill")

If you are taking the pill to prevent pregnancy, you should use a different type of contraception since VIRACEPT may reduce the effectiveness of oral contraceptives.

Special considerations

Before you take Viagra® (sildenafil) with VIRACEPT, talk to your doctor about possible drug interactions and side effects. If you take Viagra and VIRACEPT together, you may be at increased risk of side effects of Viagra such as low blood pressure, visual changes, and penile erection lasting more than 4 hours. If an erection lasts longer than 4 hours, you should seek immediate medical assistance to avoid permanent damage to your penis. Your doctor can explain these symptoms to you.

It is not recommended to take VIRACEPT with the cholesterol-lowering drugs Mevacor® (lovastatin) or Zocor® (simvastatin) because of possible drug interactions. There is also an increased risk of drug interactions between VIRACEPT and Lipitor® (atorvastatin) and Baycol® (cerivastatin); talk to your doctor before you take either of these cholesterol reducing drugs with VIRACEPT.

Taking St. John's wort (hypericum perforatum), an herbal product sold as a dietary supplement, or products containing St. John's wort with VIRACEPT is not recommended. Talk with your doctor if you are taking or are planning to take St. John's wort. Taking St. John's wort may decrease VIRACEPT levels and lead to increased viral load and possible resistance to VIRACEPT or cross resistance to other antiretroviral drugs.

HOW SHOULD VIRACEPT BE TAKEN WITH OTHER ANTI-HIV DRUGS?

Taking VIRACEPT together with other anti-HIV drugs increases their ability to fight the virus. It also reduces the opportunity for resistant viruses to grow. Based on your history of taking other anti-HIV medicine, your doctor will direct you on how to take VIRACEPT and other anti-HIV medicines. These drugs should be taken in a certain order or at specific times. This will depend on how many times a day each medicine should be taken. It will also depend on whether it should be taken with or without food.

Nucleoside analogues: No drug interaction problems were seen when VIRACEPT was given with:

Retrovir (zidovudine, AZT)

Epivir (lamivudine, 3TC)

Zerit (stavudine, d4T)

Videx® (didanosine, ddI)

If you are taking both Videx (ddI) and VIRACEPT:

Videx should be taken without food, on an empty stomach. Therefore, you should take VIRACEPT with food one hour after or more than two hours before you take Videx.

Nonnucleoside reverse transcriptase inhibitors (NNRTIs):

When VIRACEPT is taken together with:

Viramune® (nevirapine)

The amount of VIRACEPT in your blood is unchanged. A dose adjustment is not needed when VIRACEPT is used with Viramune.

Sustiva™ (efavirenz)

The amount of VIRACEPT in your blood may be increased. A dose adjustment is not needed when VIRACEPT is used with Sustiva.

Other NNRTIs

VIRACEPT has not been studied with other NNRTIs.

Other protease inhibitors:

When VIRACEPT is taken together with:

Crixivan® (indinavir)

The amount of both drugs in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

Norvir™ (ritonavir)

The amount of VIRACEPT in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

Invirase® (saquinavir)

The amount of saquinavir in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

WHAT ARE THE SIDE EFFECTS OF VIRACEPT?

Like all medicines, VIRACEPT can cause side effects. Most of the side effects experienced with VIRACEPT have been mild to moderate. Diarrhea is the most common side effect in people taking VIRACEPT, and most adult patients had at least mild diarrhea at some point during treatment. In clinical studies, about 15-20% of patients receiving VIRACEPT 750 mg (three tablets) three times daily or 1250 mg (five tablets) two times daily had four or more loose stools a day. In most cases, diarrhea can be controlled using antidiarrheal medicines, such as Imodium® A-D (loperamide) and others, which are available without a prescription.

Other side effects that occurred in 2% or more of patients receiving VIRACEPT include nausea, gas and rash.

There were other side effects noted in clinical studies that occurred in less than 2% of patients receiving VIRACEPT. However, these side effects may have been due to other drugs that patients were taking or to the illness itself. Except for diarrhea, there were not many differences in side effects in patients who took VIRACEPT along with other drugs compared with those who took only the other drugs. For a complete list of side effects, ask your doctor, nurse, or pharmacist.

HOW SHOULD I TAKE VIRACEPT?

VIRACEPT is available only with your doctor's prescription. Your doctor may prescribe the light blue VIRACEPT Tablets either as 1250 mg (five tablets) taken two times a day or as 750 mg (three tablets) taken three times a day. VIRACEPT should always be taken with a meal or a light snack. VIRACEPT tablets are film-coated to help make the tablets easier to swallow.

Take VIRACEPT exactly as directed by your doctor. Do not increase or decrease any dose or the number of doses per day. Also, take this medicine for the exact period of time that your doctor has instructed. **Do not stop taking VIRACEPT without first consulting with your doctor, even if you are feeling better.**

Only take medicine that has been prescribed specifically for you. Do not give VIRACEPT to others or take medicine prescribed for someone else.

The dosing of VIRACEPT may be different for you than for other patients. **Follow the directions from your doctor, exactly as written on the label.** The amount of VIRACEPT in the blood should remain somewhat consistent over time. Missing doses will cause the concentration of VIRACEPT to decrease; therefore, **you should not miss any doses.** However, if you miss a dose, you should take the dose as soon as possible and then take your next scheduled dose and future doses as originally scheduled.

Dosing in adults (including children 14 years of age and older)

The recommended adult dose of VIRACEPT is 1250 mg (five tablets) taken two times a day or 750 mg (three tablets) taken three times a day. Each dose should be taken with a meal or light snack.

Dosing in children 2 to 13 years of age

The VIRACEPT dose in children depends on their weight. The recommended dose is 20 to 30 mg/kg (or 9 to 14 mg/pound) per dose, taken three times daily with a meal or light snack. This can be administered either in tablet form or, in children unable to take tablets, as VIRACEPT Oral Powder.

Dose instructions will be provided by the child's doctor. The dose will be given three times daily using the measuring scoop provided, a measuring teaspoon, or one or more tablets depending on the weight and age of the child. The amount of oral powder or tablets to be given to a child is described in the chart below.

Pediatric Dose to Be Administered Three Times Daily				
Body Weight		Number of	Number of	Number of
Kg	Lb	Level Scoops*	Teaspoons†	
7 to <8.5	15.5 to <18.5	4	1	—
8.5 to <10.5	18.5 to <23	5	1 1/4	—
10.5 to <12	23 to <26.5	6	1 1/2	—
12 to <14	26.5 to <31	7	1 3/4	—
14 to <16	31 to <35	8	2	—
16 to <18	35 to <39.5	9	2 1/4	—
18 to <23	39.5 to <50.5	10	2 1/2	2
≥23	≥50.5	15	3 3/4	3

In measuring oral powder, the scoop or teaspoon should be level.

* 1 level scoop contains 50 mg of VIRACEPT. Use only the scoop provided with your VIRACEPT bottle.

† 1 level teaspoon contains 200 mg of VIRACEPT. Note: **A measuring teaspoon used for dispensing medication** should be used for measuring VIRACEPT Oral Powder. Ask your pharmacist to make sure you have a medication dispensing teaspoon.

How should VIRACEPT Oral Powder be prepared?

The oral powder may be mixed with a small amount of water, milk, formula, soy formula, soy milk, dietary supplements, or dairy foods such as pudding or ice cream. Once mixed, the entire amount must be taken to obtain the full dose.

Do **not** mix the powder with any acidic food or juice, such as orange or grapefruit juice, apple juice, or apple sauce, because this may create a bitter taste.

Once the powder is mixed, it may be stored at room temperature or refrigerated for up to 6 hours. Do **not** heat the mixed dose once it has been prepared.

Do **not** add water to bottles of oral powder.

VIRACEPT powder is supplied with a scoop for measuring. For help in determining the exact dose of powder for your child, please ask your doctor, nurse, or pharmacist.

VIRACEPT Oral Powder contains aspartame, a low-calorie sweetener, and therefore should not be taken by children with phenylketonuria (PKU).

HOW SHOULD VIRACEPT BE STORED?

Keep VIRACEPT and all other medicines out of the reach of children. Keep bottle closed and store at room temperature (between 59°F and 86°F) away from sources of moisture such as a sink or other damp place. Heat and moisture may reduce the effectiveness of VIRACEPT.

Do not keep medicine that is out of date or that you no longer need. Be sure that if you throw any medicine away, it is out of the reach of children.

Discuss all questions about your health with your doctor. If you have questions about VIRACEPT or any other medication you are taking, ask your doctor, nurse, or pharmacist. You can also call 1.888.VIRACEPT (1.888.847.2237) toll free.

Call 1.888.VIRACEPT

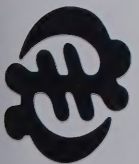
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S U B S C R I B E N O W !

INTERIORS

017

COMMUNITY BUILDING

TRANSFORMING NEIGHBORHOODS
THROUGH HOMEBUYING



Wesly Tann

Community building comes in many forms. One of the surest ways to invest in a community is to locate your next or first home in a neighborhood considered past its prime. Our homes are as unique and personal as our signatures. They are for many that distinct place of safety, respite and comfort. For some, the home is a show place to exhibit those spectacular finds while traversing the globe. So then what better way to show our love for a community, while making a wise financial investment than to situate our homes there.

While many folks wait to find that ideal property "in the hills" or that "upscale" district of town, opportunity awaits those individuals that are willing to make a nominal investment at this very moment.



BOOK REVIEW



Arnie Pinnix

There are those visionary individuals that can see a diamond in the rough. Restoration is no joke and clearly not for the faint of heart. Restoring homes requires patience, commitment, a willingness to expend some sweat equity and above anything else a vision.

Armed with a plan, the owner of a fixer-upper can bring to life a home that has more character than any new development can ever hope to possess. While these gems are growing increasingly rare, they are more accessible than you might think. Often local housing authorities are looking for homebuyers that have the willingness to invest in a piece a property that can be available far below fair market value of similar properties located just minutes from that local community.



Photo © 2001 Sean Drake/Blue Mango



Photo © 2001 Sean Dwyer/Blue Mango

When considering buying a home, a diamond in the rough, a fixer upper or what ever you choose to call your new domicile may very well be your best investment. Such an investment can yield greater value for your dollar. There is an unparalleled joy of knowing that you have accomplished more than bringing economic power to the local community, you'll remind all those that pass by that love, labor and laughter can bring about new life in all things. 🌿



Photo © 2001 Sean Dwyer/Blue Mango

Book review:

IN OUR OWN IMAGE:

TREASURED AFRICAN-AMERICAN TRADITIONS, JOURNEYS AND ICONS

Patrik Henry Bass and Karen Pugh

In Our Own Image is an elegant, lavishly illustrated and eloquently written narrative photo book chronicling the black community from the postwar period to the present. Weaving social, cultural and historical reminiscences and memories, it brilliantly illuminates enduring African-American traditions and ceremonies. **In Our Own Image** features more than three hundred photographs and memorabilia of family reunions, worship and funeral services, weddings, leisure activities, dazzling nightlife scenes, cotillions, work, civic duty and home life.



n Our Own Image is an extraordinary visual document of black life as seen through the lenses of well-known photographers and the eyes of African Americans who have reached into their shoeboxes and scrapbooks to reveal unforgettable portraits of grace, love and pride.

In this celebration of a shared cultural identity, the authors have combined personal archives with visual materials from university and museum collections in Atlanta, Chicago, Detroit, Los Angeles, Minneapolis, among others, into a warm, loving record of the black experience and the American Dream. This moving and memorable slice of American life has seldom been seen ... until now.



Patrik Henry Bass is books editor of *Essence*, and has written and edited for several publications including the *New York Times*, the *Washington Post*, and *Entertainment Weekly*.

Karen Pugh, who was the first African-American Creative Director of the Polo/Ralph Lauren Women's Design team, is a well-known artist and photographer who has designed and illustrated for Revlon, Old Navy, The Limited and Celine in Paris. 



CONTINUED FROM PG. 060

ACCESS FOR EVERYONE

Access is everything. To have Prime Access is the penultimate. African Americans, Latinos and gay/lesbian communities at the very least share one common sentiment—all too often they have not had access. Howard Buford, founder and CEO of Prime Access, recognizes in his astute observation of the marketing and advertising world, that these communities not only desired but also deserved a fair representation in the media to address their particular needs. Hence, Prime Access—a full service marketing and advertising firm was born in 1990.



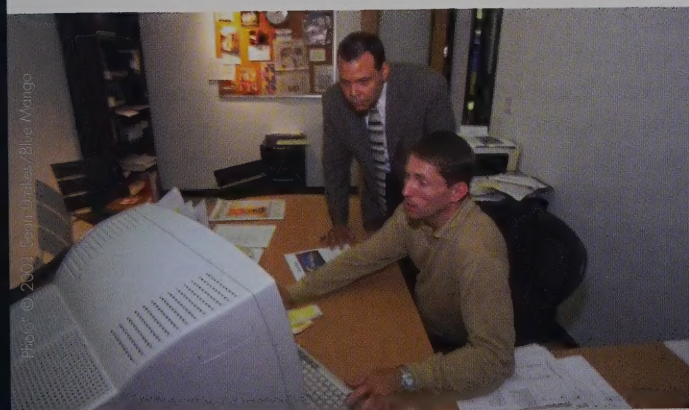
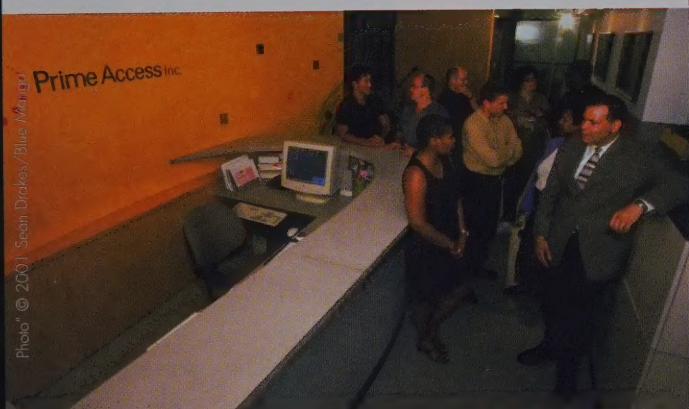
Prime Access Inc.

ADVERTISING & DIRECT MARKETING

"I recognized early on that while many companies had excellent products they lacked an understanding of how to introduce their products to certain markets. This was particularly true of the African-American, Latino and gay/lesbian communities. Simply because a product is of value does not necessarily mean that the client will purchase it. Companies must help the consumer understand how that particular product relates to them and their life. That is what we attempt to do at Prime Access—build that link," says Buford.

Buford attended Harvard Business School and earned a master's degree in Business Administration. Prior to founding Prime Access, Buford served as Vice President and Group Account Director at UniWorld Group where he oversaw advertising and public relations for Eastman Kodak Company and Colgate Palmolive.

Among Prime Access' high-powered clientele are AT&T, American Express, Merck & Company, NetNoir.com, People with AIDS Coalition of New York, Rémy Martin, Showtime Networks/Viacom, Time, Inc., and J.P. Morgan Chase & Co. to name but a few.



Howard Buford, Founder and CEO

ARISE FEEL THE POWER

"It was sufficient to run mainstream advertisement in a gay publication to capture the attention of the market. Today with more marketers vying for the gay consumer dollar the bar has been raised. Gay consumers now expect advertisers to address them for who they are directly and openly."

**—Howard Buford,
Founder and CEO, Prime Access**

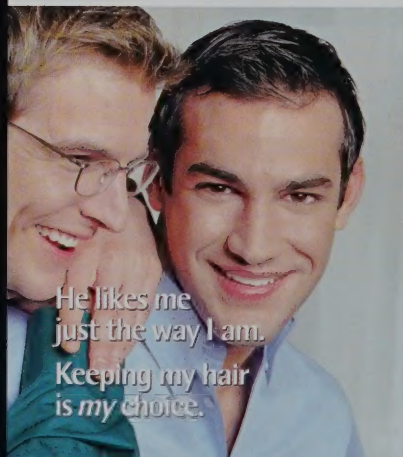
According to Prime Access, African Americans make up twelve percent of the population, Latinos ten percent and gays and lesbians between eight and ten percent. These figures overlap, as these groups are not mutually exclusive. In total, this consumer marketplace comprises some twelve million ethnically diverse consumers who spend 250 to 350 billion dollars annually.

"It was sufficient to run mainstream advertisement in a gay publication to capture the attention of the market. Today with more marketers vying for the gay consumer dollar the bar has been raised. Gay consumers now expect advertisers to address them for who they are directly and openly," noted Buford.



Prime Access is regarded as a niche marketing expert particularly for the African-American, Latino and gay/lesbian markets. Relationships and trust are the defining principles for bringing together consumers and the business community.

Buford has amassed a team of creative individuals that understand the needs of the various communities they serve. Their campaigns aim to capture the inherent value of a specific community and integrate its cultural aesthetics into the actual ad. The result has been client satisfaction and, more importantly, increased product sales.



We make lots of decisions together.
But some choices I make for me.
That's why I use PROPECIA.

PROPECIA is the first and only FDA-approved pill proven to treat male pattern hair loss on the vertex (top of the head) and anterior scalp areas in men.

PROPECIA: The first and only FDA-approved pill proven to treat male pattern hair loss on the vertex (top of the head) and anterior scalp areas in men. PROPECIA is the first and only FDA-approved pill proven to treat male pattern hair loss on the vertex (top of the head) and anterior scalp areas in men. PROPECIA is the first and only FDA-approved pill proven to treat male pattern hair loss on the vertex (top of the head) and anterior scalp areas in men.

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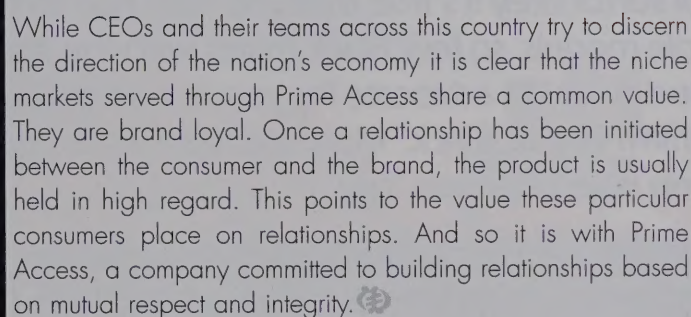
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In looking toward the future, Buford is optimistic. "I believe companies are increasingly becoming aware of the value of specific communities. Our economy demands that we regard everyone with respect, which is exactly what we do through our full-service approach. As I look to the future, I envision growth among many communities but particular to the African-American, Latino and gay/lesbian markets. I am convinced that the bright marketing executive will look beyond the horizon and see the opportunities that exist in building relationships with these burgeoning communities."



A LOVE LETTER TO YOUNG SAME-GENDER-LOVING (SGL), DOWN-LOW, HOMO-THUG, HOMIE-SEXUAL, BISEXUAL AND AT-RISK GAY IDENTIFYING BLACK BROTHERS

Imagine a world without you, without your love, your magic, your vibe, intelligence and the unique gifts only you bring?

Apparently many of you **can** imagine this. You are dying of preventable conditions like HIV/AIDS, and premature death from HIV infection, many putting your lives at-risk daily

But whose responsibility is it to prevent this? Of course no one can make you protect your self That ultimately must be your decision.

Unfortunately it's true that you have had so few role models, so few Black males with the strength and clarity to advocate for you in ways that still affirm you as Black. Most approaches to educating you have been too "gay"

Unfortunately your community experiences confusion, still reeling from a legacy of social injustice, Christian religious persecution, and system-wide racism now so normal we don't even recognize when we are being disrespected. As a result, we often disrespect ourselves.

You have few places to go and embrace yourselves as Black same-gender-loving (SGL) and bisexual young Brothers. Under these circumstances who could blame you for being too distracted to consistently practice safer sex, or to make sacred your sexuality and capacity to love and respect yourself or another Brother?

So, It's Now Time To Step Up.

The solutions are in your hands.

Come chill, kick-it, engage, dance, eat and co-create a healthy and affirming place for you and your young Black Brothers. At YBX.

For Brothers 17 to 29. Get More Info at 310.419.1961

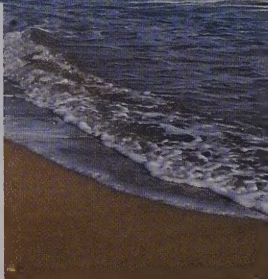
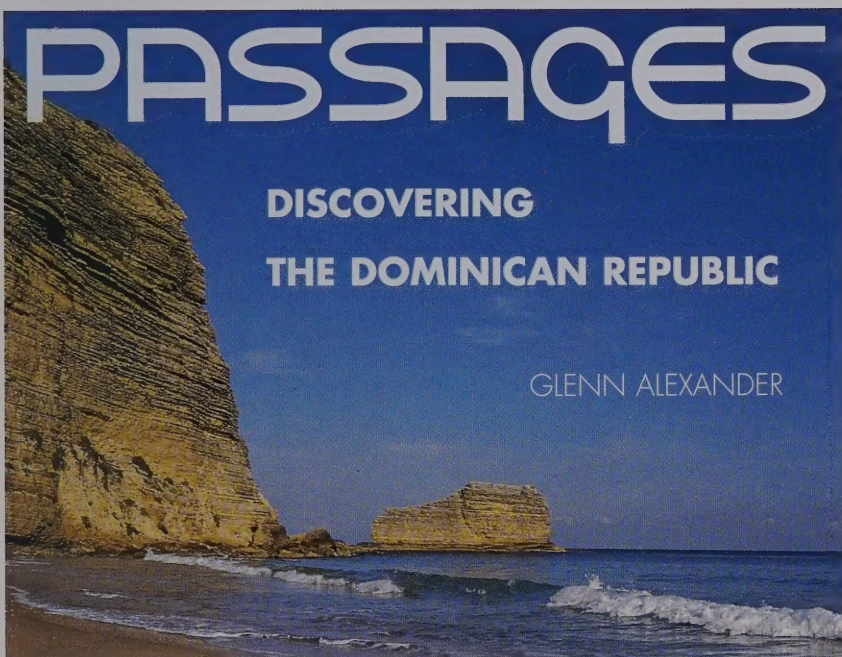
Brothers
Xchange
fun

Photo by Ron Singleton
From The Million Man March

PASSAGES

DISCOVERING THE DOMINICAN REPUBLIC

GLENN ALEXANDER



Whether you are an adventure seeking sports aficionado, a high roller or an aspiring beach bum, the various destinations of the Dominican Republic will surely lure you to this captivating island again and again.

The Dominican Republic occupies the eastern two-thirds of the island of Hispaniola in the Greater Antilles (Haiti is on the other side of its mountainous western border). Its northern coast is on the Atlantic Ocean and its southern coastline is washed by the Caribbean Sea. Hispaniola's neighbors on the west are the islands of Cuba and Jamaica. To the east, across the Mona Passage, is Puerto Rico.

The most popular tourist destination on the island is Santo Domingo. Founded in 1496, it is the oldest city in the New World. Today, this capital city's population totals more than three million.

It is here, in the city's colonial district, that you will find the Calle Las Damas, the beautiful Malecón, a vibrant seafront overlooking the waters of the Caribbean Sea, and the Alcázar de Colón, a grandiose and majestic palace that was constructed in 1510. In the expansive plaza, framed by the Palace of Columbus, the Museo de las Casas Reales and the quaint seventeenth

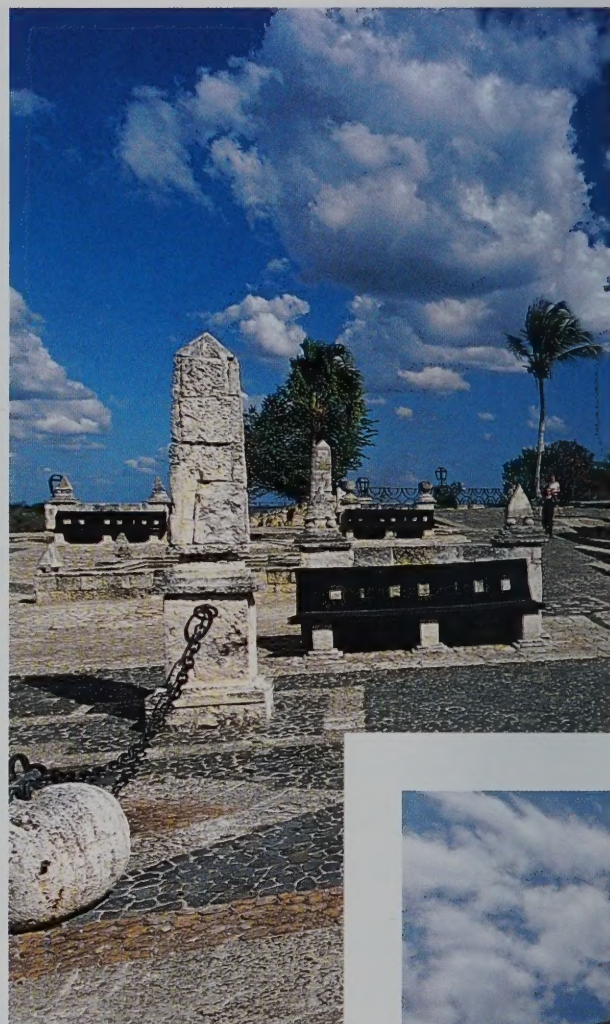


century sundial, the sidewalk cafes come alive after dusk and provide a rendezvous for locals and visitors alike.

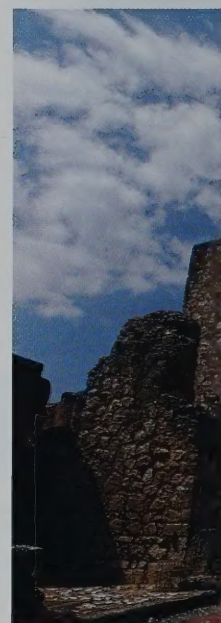
From the center of the colonial district, the city extends eastward and westward and radiates into broad avenues that unite modern sophistication and Old World charm. This throbbing metropolis will seduce all with superb dining, exciting nightlife and world-class shopping. Don't be surprised to find that Dominicans dine late. Crowds usually pick up after nine o'clock!

When the sun goes down, the city lights up. The pulsating rhythms of salsa and merengue keep everyone dancing all night long. Santo Domingo is well known for its party scene with its scores of upscale nightclubs, bars and discos that don't close their doors until dawn.

To fully absorb the beauty of the island you must explore, so rent a car and take a drive from the streets of Santo Domingo to the beautiful beaches of Puerto Plata. Puerto Plata is the largest city on the north coast and offers tourists more than six miles of golden sand beaches. This fabulous beach town is a wonderful escape from stress. Bring your beach towels and be prepared to sit back on the beach and relax.



Puerto Plata's picturesque streets are also a terrific place to shop. While in town, you might want to explore Puerto Plata's extraordinary Amber Museum, the Brugal Rum Factory (yes, they provide free samples!) and stroll the length of the Malecón, a lively seaside boulevard.



Remember that the DR, as it is notably referred to, is a multicultural, multiracial society of Spanish predominance. Spanish is the official language, but English is widely spoken because of tourism. You will also notice the heavy influence of African culture and tradition in everyday life.

The DR offers much more, such as the whale watching experience that you will find off the coast of Samaná. Thousands of humpbacks migrate here to mate each year from January to February.

Samaná's Silver Bank is also a popular playground for pilot whales and bottlenose, spotted and spinner



dolphins. This region's magnificent ecological corridor is the country's most exotic destination.

Then there is Cabarete situated along DR's Amber Coast. Located between a bay and a lagoon, Cabarete is a windsurfer's paradise with its glorious trade winds. Annually during Cabarete Race Week, the city hosts the world cup for amateur competitors from around the world in mid-June, when the waves and winds are best.

Home to the annual Dominican Jazz Festival in October, Cabarete plays host to world-famous musicians like Arturo Sandoval, Manny Oquendo and many more. Great food and local goods can be found throughout the city. This laid-back town is a favorite summer resort for visitors from around the globe.

Hotels and resorts are a good bargain for the U.S. dollar and the DR offers some of the best accommodations. My personal choice would be Casa de Campo in La Romana. Amidst miles and miles of expansive sugar cane fields lies La Romana. You can't miss the sweet smell of molasses that fills the air. It is here that you'll find Casa de Campo, the Caribbean's most luxurious resort, often regarded as one of the world's best.

With its elegant guestrooms and private villas, Casa de Campo will make every guest feel special and pampered. It is truly paradise. Most of the rooms overlook the championship golf course or the tropical gardens. The resort offers everything from gourmet restaurants and private beaches to its own airport. Just ten minutes from the main entrance, Casa de Campo is serviced by American Airlines with non-stop jet service from Miami and several flights each day on American Eagle from San Juan, Puerto Rico, via the new La Romana International Airport.

Finally, come prepared to eat. Variety and creativity typify Dominican cuisine. Restaurants offer a range of menus, from the most cosmopolitan to hearty native fare. There are many ethnic specialty restaurants. With daily catches from two oceans, seafood is bountiful. The country is known as the breadbasket of the Caribbean because of its extensive agricultural, cattle and tropical fruit industries. The native dish is *sancocho*, a thick stew with seven different meats. 🍲

For more information on the Dominican Republic, I invite you to check out their website at:
www.dominicanrepublic.com

A REPORT ON AIDS

At the invitation of King Mswati III, the Economic Development Fund Foundation (EDFF) accepted the challenge of developing a plan for improvement to the current way government and non-governmental organizations deal with health care for the growing HIV epidemic in Swaziland. It required going into the belly of the whale. It was the raw reality of what HIV and its complications can do to a nation.

E DFF is an organization of doctors, nurses, counselors and other health care practitioners. On May 30, 2001, thirty-six Americans, mostly of African-American descent, left for Swaziland in the southern part of the African continent. What we experienced over the next two weeks changed their lives forever.

We saw hospital after hospital of wards filled to capacity with the victims of the debilitating effects of HIV. We also witnessed the huge number of children orphaned. Older siblings struggle to support their younger brothers and sisters by any means necessary, some turning to prostitution and crime. Some are lucky enough to have at least one grandparent able to assist in their care or, if they have the resources, to take full responsibility for the children as long as they are alive.



(R) Maurice Graham with a Princess of Swaziland

CARELESS SEX
can get you
TOTALLY WASTED!

FROM THIS



TO THIS



We saw fear and denial preventing the full utilization of what support through medicine, counseling and other social services are available. Fear of testing and fear of disclosing is widespread, as most Swazis believe HIV is a death sentence to be faced alone and in isolation. We saw a people afraid to admit that ancient cultural practices are killing them along with the religious views that convict them. The ancient practice of polygamy is in direct contradiction to the western religious ideologies they have adopted, causing a deep sense of guilt, shame and resentment.

The question at this point might be asked, "Is there any hope?" The answer from us was a resounding YES! Based on our own experiences in the U.S. dealing with these same issues, we know that these things can be addressed, must be addressed. My own experience of living with HIV for eighteen years is an example of movement from fear and denial to hope and wellness.

The members of EDFF made many recommendations on what could improve in the way services are offered. We also brought one and one half tons of medicines donated by our various communities, along with clothing, food supplements, information on the most current treatments and practices used in the U.S. We came not to model their system after our own but to assist the

IN SWAZILAND

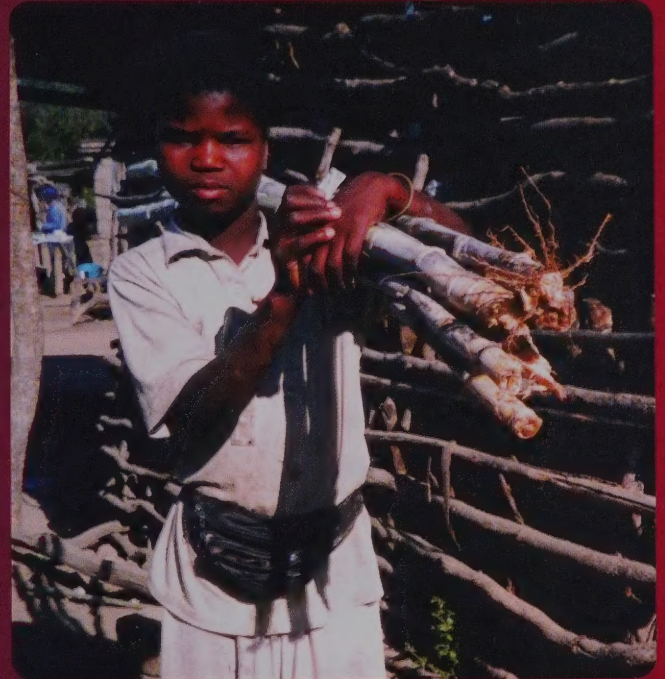
Maurice Graham

Swazis in moving to their own next step considering where they are culturally, socially and spiritually. It is our hope that what we learned from them will improve not only their way of dealing with HIV but ours as well. HIV and AIDS are still on the rise in African-American communities as our denial and fear is still strong. There are those living with HIV/AIDS in both the U.S. and Swaziland whose stories can be a source of inspiration for us all if given the opportunity to courageously speak this truth.

What else can we who are not HIV positive do?
Practice safe sex, stay monogamous or abstain from sex. Discuss openly the issues standing in the way of our owning up to behaviors that may not serve us in positive ways. This change in attitude and behavior is required to end the menace of HIV/AIDS on both continents and around the world.

We can begin to develop laws and religious practices that support the entire community to limit the fear associated with testing and disclosure. We can build collaborations among social, political, spiritual, and cultural organizations, realizing that the issues underlying HIV/AIDS are larger than any one organization or nation and require cooperation from every sector of government and the support of a multi-national taskforce. We must tell the TRUTH.

There were many people at end stages of the disease in Swaziland. As a group of us arrived at her home in a remote area outside Steki, one such woman hung herself. Her family was gathered around her home as the authorities removed her body.



Another family of seven children had recently lost their mother to HIV complications; their father had made his transition two years earlier. The family's story was picked up by one of the local papers and people and organizations responded with food, money and medications (as some of the children are also infected with HIV). When the family was away working and in school, bandits broke into the home and took everything. The truth is that the entire community is in a desperate and depressed state.

Our group was able to offer replacement supplies. As a result of this contact, we adopted a school and several clinics to support on a continuous basis. Those of us involved in counseling also adopted the three hospital programs and several non-governmental organizations to support. We assisted them in organizing HIV support groups and coordinating independently provided information and services.

Communities in the U.S. can support the programs in Swaziland by contacting EDFF and setting up a collaboration of material and spiritual support. We can do together what we cannot do alone.

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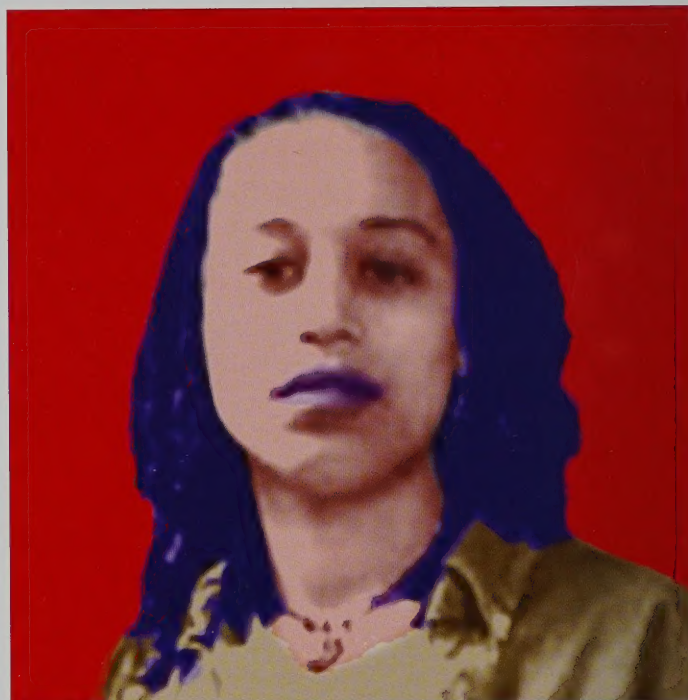


King Mswati III

ARISE'S WOMYN OF DISTINCTION:

Ingrid Rivera-Dessuit

L. Michael Gipson



Long before she became lesbian superstar by simultaneously making black, Latina and LGBT her story, I had the privilege of knowing Ingrid Rivera-Dessuit. Ingrid is the matriarch of the first out, lesbian-headed family ever to be profiled in Ebony magazine. With her arms protectively and lovingly wrapped around her partner and their child, Ingrid, a beautiful butterscotch sister with a petite frame and dark shoulder-length dreads, beamed her defiant Colgate smile for Ebony readers in barber and beauty shops across the urban landscape. In a single camera-ready moment Ingrid shattered all their ghetolicious myths about who and what lesbians are and challenged their narrow definitions of both the black family and the LGBT "family". Throughout the article, Ingrid captivated Ebony readers with her warmth, mischievousness wit and strength.

Ingrid has long been captivating the public. I keenly remember the mass curiosity she sparked among LGBT activist when the National Gay and Lesbian Task Force (NGLTF) announced her, a virtual unknown in the incestuous DC political community, to head their new Racial and Economic Justice (REJ) initiative. Speculation swirled around Ingrid's appointment. Was she hired to be just another token? Was she going to be down for the cause (a.k.a. people of color (POC) issues)? During NGLTF's Creating Change conference in 2000, Ingrid quickly quelled all fears by repeatedly speaking out against organizations that practiced tokenism through "diversity" instead of authentic inclusion of both POC communities and their racial and economic issues. It made many professional tokens proud to hear a sister in an influential position fearlessly speak the truth and use her influence to promote change. But speaking out is naturally Ingrid.

"I've always been one to challenge assumptions and stereotypes. I came out to my child, who is now eleven, when she was one. I was proud to come out to everyone, including my child. I didn't want to perpetuate the stereotype that LGBT people are all white. When I became a mother I told people that I got pregnant the same way many lesbian women of color get pregnant, through a prior intimate heterosexual relationship. I didn't tell people that I adopted my child or became artificially inseminated. I wanted to force people to rethink their ideas of lesbianism and gayness and the different processes people can take to come out."

Indeed, through her position at NGLTF, Ingrid is pushing people's understandings of sexuality and gender even further. She is heading up the first comprehensive national research ever conducted on and about LGBT black people in urban America.

In early 2002, NGLTF is planning to release the data extracted from over a thousand surveys administered at multiple Black Pride celebrations last year. The data will be enormously important for lay people and activists alike as it will provide everyone with the first substantive political snapshot of who LGBT folks of African descent really are and what they believe.

Additionally, Ingrid is leading another groundbreaking research project, one focused on a constituency to which Ingrid is intimately connected, lesbian single mothers on TANF, more popularly known as "welfare".

"I struggled on welfare for so long, eight or nine years, trying to raise my daughter. Five of those years I was in school fighting to complete my undergraduate and graduate degrees. It was so difficult to raise my daughter in a good way in New York City while obtaining my education and maintaining my dignity, but I did it."

Ingrid also learned a lot about stigmatization. As a black Borica, a poor single mother, and a lesbian in hyper-expensive NYC, and she has fought for the poor and disenfranchised ever since. Sadly, greatest emotional challenges have come from among the groups with which Ingrid has most closely allied.

"During one of my first grassroots organizing efforts in Lawrence, Massachusetts, it was other people of color who protested against me and my colleagues' efforts. Latinos and other people of color, some of whom I had worked with, were vandalizing our offices and setting up charter buses to get their youth out of town during the gay march to keep the youth from becoming "corrupted." It was a very painful experience. It hurt that my people couldn't make the connections between racism and homophobia."

POC'S INITIATIVE OF DISTINCTION:

Despite those painful early experiences, Ingrid has dedicated her life to anti-oppression work.

"I feel privileged and fortunate to be out working on these issues, the issues that matter to me, no matter where I work. I just urge others who may not be able to get involved to come out if they can do it and have support. Our visibility is education and power, and dismantles the myth of gayness as a white phenomenon."

What may be interesting to note for Ingrid's fans is whether or not Ingrid and the REJ initiative she leads will continue to be as fully supported under the new NGLTF administration as it was under her former executive director and fellow Latina, Elizabeth Toledo. Early this summer, Elizabeth Toledo resigned after little more than a year, citing the need to exercise more family time as the explanation for her untimely departure. However, many politicos noted that Elizabeth left NGLTF within months of a published *Washington Blade* article outlining NGLTF's recent financial challenges, and after criticisms by POC, white allies and youth factions for not being progressive enough on social justice issues. In contrast to those charges, op-ed pieces by

conservative white activists appeared in the *Blade* calling for NGLTF to become more "centrist" by abandoning its REJ agenda and focus on a "narrower gay agenda." It's unclear whether NGLTF, under the helm of new executive director, Lorrie Jean, will heed the conservative or progressive urgings of the LGBT community. Having quadrupled the budget of the most well-funded LGBT organization in the U.S. during her tenure as executive director of the Gay and Lesbian Center in Los Angeles, Lorrie Jean is better known among activists for her stellar fundraising ability than her REJ sensibilities. Still, with a powerhouse activist like Ingrid Rivera advocating on the progressive front from within the ranks, I'm placing my bets on the lefties. Given Ingrid's zero knockouts track record as a fighter, from welfare mom to a credentialed, celebrated activist, wouldn't you? 



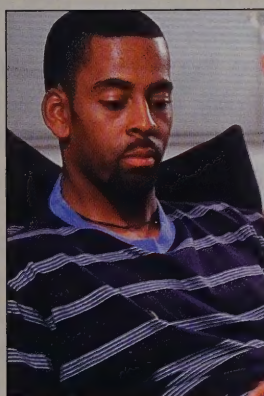
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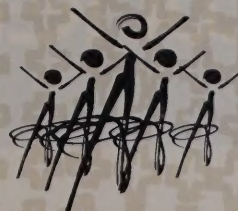
Kujisource is the only national monthly **Black** HIV/AIDS newsletter. It covers the latest in HIV/AIDS treatment, addresses HIV/AIDS public policy issues, highlights work being done to fight HIV/AIDS in **Black** communities, profiles **African Americans** living with HIV/AIDS, and promotes HIV prevention in **Black** communities. Kujisource is available free nationwide or sent free on request. Just send us your name and address by regular mail, fax or email. Kujisource is mailed in a discreet envelope and you can be removed from the mailing list at any time on request.



www.BlackAIDS.org

www.**BlackAIDS.org** is a comprehensive online resource with prevention and treatment information on **African Americans** and HIV/AIDS. You'll find all issues of Kujisource there in both text and PDF format. The site includes links to testing sites, elected officials and sources of HIV/AIDS information of importance to people of **African** descent both in the United States, **Africa** and elsewhere. The entire site is searchable through an advanced facility that includes sound-alike matching. www.**BlackAIDS.org** is updated regularly—sometimes more than once a day.

African American AIDS Policy and Training Institute
1833 W. Eighth St. #200, Los Angeles, CA 90057
213-353-3610, 213-989-0181 fax
www.BlackAIDS.org, info@AAAIstitute.org



THE

FIRST

STEP

TO

HOME

OWNERSHIP

The idea of purchasing a home, condo or a piece of land is no less than overwhelming, but the key is preparation. To prepare yourself will not mean that the whole process will be smooth sailing, but it does have its advantages.

The first step in becoming a home owner is to prepare yourself mentally that you can achieve this goal. It is not impossible, but self determination is key.

The next step is to find out where you are with your credit history. This is the most frightening area for many of us. We have spent years avoiding the "credit" issue. There is something about the word that makes us all want to run and hide, but once we get all the information to deal with it we usually find that it is not so bad. Contact the three credit bureaus and retrieve your credit reports. The three agencies are Experian, Equifax and Transunion. There is a nominal charge for the reports and the turn around time is usually about two weeks through the mail. You can also visit their individual websites and download the reports.

Once you have the reports, compare all three because what one agency has on their report might not match what is on the others. First, look for errors. If you find a company on any of your reports that you personally have not established credit with, mark it as a "red flag." Credit fraud is a big business and people have built careers on using other folks' personal information to establish credit for themselves. Look for companies with which you have established credit and see if there is a hanging balance. If you know that you have paid this particular vendor in full, mark this too. Lastly, if you recognize the company and agree that the balance due is correct but are unable to make that payment in full, mark it as well.

Once you have established what is actually on each report then the repair begins. In order to clean up your reports and have them ready for a lender and/or financial institution to take seriously, you must be proactive and write to each vendor, explaining or resolving the situation.

Here are some common problems and suggestions on how to resolve them:

OTHERS USING YOUR INFORMATION – If you discover that someone has fraudulently used your credit information for their gain you can write to the individual vendor and ask for the fraudulent information to be removed from your report. Keep in mind that proof will need to be established, so have the

company send you the original credit application so that signatures as well as other pertinent information on the application can be confirmed. You may have to take legal steps to have this removed from the report so remember to document everything and retain copies for your files.

BALANCE PAID IN FULL BUT NOT REFLECTED IN REPORT – When we pay off our debts we assume the creditor will send that information to the credit bureaus. This is not always the case. If balances that you have paid appear on your report, first contact the creditor and have them retrieve your old or present account. If you no longer have records reflecting the account number, it is usually printed on the credit report. Have the creditor mail you a copy of their records reflecting the balance paid in full along with a letter stating that the balance has been paid. Have the creditor then contact each of the credit bureaus and update their files. Keep in mind that the creditor still may or may not contact the credit bureaus to reflect this change. So, once you received your updated information from the creditor, send each credit bureau a copy of the letter as well as the final bill showing "paid in full." Remember to have each credit bureau send you an amended copy of your report once they have updated it.

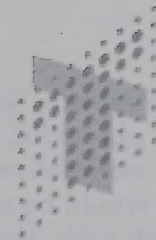
AMOUNT DUE – Most items on our reports are legitimate and where created by ourselves. Do not let overwhelming balances send you into a tail spin. They can also be conquered by taking control of the situation. Most creditors simply want to be paid, if not the entire amount due, certainly a portion of the balance so that it is not a total loss. You should first contact each creditor to find out what their settlement cost will be. Most creditors, depending on the history of the account will take less money than what is owed on the account to settle it. The creditor wins by receiving some funds in a situation where they may not have recovered any of the balance. And you win by paying off the debt and having the negative marks removed from your reports.

The key is to be proactive and take control of the situation. By not taking action the negative marks remain on your report, but by taking some of the steps outlined above you can turn your credit scores around and earn yourself a better loan with a lower interest rate.

Remember that whenever you adjust, remove, change or create something new on your credit history, always have each credit bureau send you a new and revised report and keep it in a safe place. Establishing and maintaining good credit is key. There are ways of correcting the past, but in order for that to happen you must take an active role in the process.

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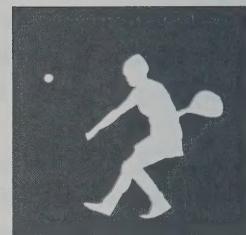
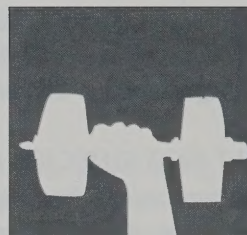


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fitness

FITNESS MAGIC linda lee

You can influence your metabolism: This is extremely powerful. Everyone thinks they understand metabolism, but if were to you ask people, you would be surprised by how pervasive the "I'm stuck with a rotten metabolism" myth is. I want to help people understand that metabolism is very simply the speed with which their body burns through food. There are activity and nutritional guidelines that can bring about metabolic improvement.

Burning calories is the act of digesting food. You must learn the importance and value of eating frequently, but those wanting to lose weight have been conditioned to believe "eat less, weigh less." I educate my clients to understand the actual thermic value of nutrients—the actual calorie burning properties of nutrient digestion—and that supportive eating offers a metabolic advantage. Eating supportively is thermic (or heat) producing. Since a calorie is a measure of heat, eating more supportively results in expending more calories.

Don't get fooled by labels. There is undoubtedly a fat-free labeled butter substitute in most refrigerators. Even though people think it offers a supportive choice, it doesn't. A fat-free diet is not healthy, and with fat-free products, you aren't truly on a fat-free diet. Let's look at the ingredient label. Hydrogenated oil—that's pure fat! How then, can the container feature the words fat-free?

You can't trust labels and fat-free diets don't work. The public is fooled into believing that fat-free products are actually fat-free,

but the label has hidden the fat content and high levels of sodium or sugar, which will create fat or hold water.

Moderate aerobic exercise. Do you know fat skinny people? You've seen them in the back of the aerobic room and on the treadmill. They have been led to believe that aerobic exercise is the secret to burning fat. In that incorrect belief, they have subjected themselves to a repetitive catabolic state where over-aerobicizing is literally eating up muscle tissue. I educate my clients on the importance of aerobic exercise as I help them understand that they can burn fat anytime they are in an aerobic state. That includes while they think, drive and sleep. That means with the nutritional and resistance training pieces of the puzzle in place, they can burn fat while they sleep.

Muscle is metabolism. I like to teach my clients (especially women) that getting toned simply means they're holding on to muscle and shedding fat. Muscle they have on their bodies right now, whether a lot or a little, directly correlates to the number of calories they burn at any given moment. I also teach my clients how fat is released and where it is burned, and they come to understand muscle is vital tissue worth protecting.

Meals. I teach people to learn the value of frequent supportive meals. It is best to consume visually equal servings of lean protein, starchy carbohydrate and fibrous carbohydrate every three to three-and-a-half hours in naturally low-fat, sugar-free meals.

Remember: Eat to live, not live to eat! 🍌

HOW DO WE ARISE TO THE CHALLENGE OF WHOLENESS AND WELLNESS?

Rev. Elder Alfreda Lanoix

It is ironic that this subject has come up now because I am dealing with my own wholeness and wellness and seeing how that looks for me.

I am asking myself, what are some of the distractions that are in my life that keep me from walking toward my own wholeness and wellness? – what are some of the messages that I've received along the way that told me that I don't deserve to be happy; that say to me that this isn't my planet; that we must suffer until the "sweet bye and bye".

Sometimes when I think of wholeness and wellness, I can't even see a clear picture of what that might look like – I haven't a clue as to what it feels like. How do I attain it – where do I go to get it?

When one has only been exposed to oppression, struggling, pain and suffering as part of our daily life, the question becomes "what is wholeness and wellness"? We have the tape running inside our head and the voices are from those who loved us, stating that we would never be anything, that we would always be nothing.

What I've discovered is that you must define it for yourself - what works for you. You must participate in your own discovery of inner peace, inner joy and whatever allows you to realize that this is a wonderful world and it is YOUR PLANET.

Some of the tools I'm using are:

Books – Books that empower me, books that allow me to start the journey inward to connect with my soul (which is whole) – books that help me to go past those things that want to stop me, such as molestation, incest, rape or voices from those who loved

us stating that we would never be anything, that we would always be nothing. I read the books or listen to the music that helps me have the courage to face, not run, and feel!

Seek help – Mental illness runs rampant in our community but we were taught to not "put our business in the street". I say run to the street, shout it out to the mountain top – get it out of you the best way you can – counselor, therapist, psychiatrist, pastor, friend, sponsor, coach, etc. Whatever comes up must be allowed out. Courage is not the absence of fear – it's being afraid and going ahead anyhow. So I summon up the courage to face the feelings from the past, to not run, to feel the pain and realize that whatever occurred at that time – whatever actions my loved ones took, no matter how ugly – were the best they could do at the time.

Meditate – Not medicate. Do not be afraid to go into the silence and sit with whatever feelings come up. Create a sacred, safe space where you can go in the silence, 'cause believe it or not, in the silence is where you can hear God.

Support Group - Find a support group or a group of friends that support you in a positive way. It's very important what energy you allow in your space.

Begin with small steps in learning how to listen from within – your intuition will never guide you wrong. Ask yourself "what character am I playing the story of my life? Am I the victim, hero, caretaker, savior of the world?"

and last but not least, do NOT be attached to the outcome – do your best and let it go.

It works for me – this is my truth!! ☺

MONEY MATTERS

Pamela Ayo Yetunde, Marabella Syndicate

SHAKEN & STIRRED:

James Bond has nothing on African-American investors when it comes to leading a double life. In their fifth annual study Ariel Mutual Funds and Charles Schwab & Co. report that retirement planning is not a top priority among most black investors. Yet, most respondents felt they could retire comfortably. So, how do you reach a goal without setting it? Perhaps the lottery, or maybe it is time for a reality check.

In their study, "Saving and Investing Among High Income African-Americans and White Americans," Ariel/Schwab based their findings on five hundred black households and five hundred white households with minimum annual household incomes of \$50,000. High income, for purposes of this study, is defined as households earning at least \$10,000 more than the average American household (In 1999, that amount was \$40,816 according to the U.S. Census Bureau). Though high income is not synonymous with wealth, the higher the income, the greater the chances of building wealth.

The good news is that most of the black respondents have a retirement plan. However, the not-so-good news abounds. First, thirty-seven percent of respondents with a 401(k) and thirty-four percent of those with an IRA opened those accounts for the first

time only within the last five years. Black investors missed the benefits of the ten-year bull market in the 1990s. About half had invested for the first time within the last five years (forty-three percent had invested in mutual funds and fifty-four percent in individual stocks). Secondly, the average monthly savings and investment amount combined is \$216. While the study does not reveal the value of respondents' retirement accounts, it does show an under-funding of accounts. The point here is that CP time is not fashionable when it comes to investing. Are black people late to the investing party because of a mistaken perception that investing is only for the affluent?

For African-American investors, income was reported as the most influential factor for investment activity. Blacks are more likely to invest when earning six-figure salaries. The other factors (in order of importance) include education and age. Surprisingly, goals do not have a significant influence on whether African Americans invest.

Conversely, the most influential factors for white respondents are (in order of importance): age, education, retirement as a goal for saving and investing, and income. Income is first for black investors and last for white investors. Yet, white investors have at least one goal in mind—retirement—as a reason to get into the market. Even though sixty percent of black respondents participate in a 401(k), a comfortable retirement seems to represent more of a dream than a concrete goal.

Of the black respondents, the study showed that:

- 56% have a household income of \$50,000 to \$74,999
- 63% have less than \$100,000 in savings and liquid investments (excluding real estate)
- 70% were between the ages of forty and sixty-five.

When asked "Do you or your spouse have money in any of the following retirement programs?" the responses were as follows:

- 60% have a 401(k)
- 34% have an IRA
- 14% have a defined contribution plan
- 9% have a 403(b)
- 17% have no retirement account

RETIREMENT REALITIES

This paradox may have more to do with perception than reality. On the one hand, sixty-three percent think they will have enough money to live comfortably in their old age. On the other hand, when asked if they consider themselves financially well-off, fifty-eight percent of black respondents do not feel well-off. Without clear goals and the confidence that their earnings today will lead to a comfortable retirement tomorrow, African Americans are leading a financial double life.

The Ariel/Schwab study provides insight into the behavior of African-American investors. How can this information help improve our financial lives?

Be progressive-minded. Don't let your present income dictate your long-term goals. That is regressive thinking. A person making \$27,000 can desire a comfortable retirement as much as someone making \$50,000 or \$100,000. Set your goals, then work toward making the kind of income you need to support your goals.

Get to know yourself. You may feel as if you have no goals beyond getting through the day. Turn off the TV and tune out the nay-sayers. Find a quiet place and close your eyes. Think of what might make you happy. Would you be happy without food, clothing or shelter? Probably not. Make having food, clothing, and shelter things you can have even when you are not working for a paycheck.

Prepare. If you were told that \$50 a month will buy you six movies today or could be worth \$290,000 later (at an average annual interest rate of ten percent over forty years), you might want to get a library card and borrow videos.

Be pro-active. No matter how much money you presently make, open an Individual Retirement Account (IRA) the next business day. Should you open a Roth IRA or Traditional IRA? That depends on your income, goals and tax considerations. Even if you have a 401(k), consider opening an IRA.

Be interactive. Talk to a financial professional about your overall financial situation, they can help you determine how much you need to save and invest. To maximize the benefits, don't settle for investing the minimum.

Studies like Ariel/Schwab's serve an important purpose: they hold a mirror to our community. If we choose to examine ourselves we are more likely to develop better habits around our money matters. Go ahead and play the lottery if it makes you feel hopeful. But in the meantime, do not neglect the importance of building your assets. By ignoring the reality of setting financial goals, your dream of a "martini" retirement may be shaken and stirred.

Pamela Ayo Yetunde is a financial consultant and the author of *The Inheritance: A Stock-Picking Story* and *Beyond 40 Acres and Another Pair of Shoes: For Smart Sisters Who Think Too Much and Do Too Little About Their Money*. She can be contacted at 510-337-3242 or at www.smartsisters.com. 

CHOOSE LIFE

Debra Fraser-Howze, President and CEO, National Black Leadership Commission on AIDS

First We Must Value

Before America enters into any new contracts for the new millennium, it is obligated to right its national wrong. It must acknowledge that African-American communities are besieged with tuberculosis, hypertension, sexually transmitted diseases, infant mortality, cancers, bronchial diseases, violence, and the resurgence of childhood diseases that were thought to have been eradicated several decades ago. And it must acknowledge that these conditions are prevalent at a time when AIDS is destroying the black community. Such conditions rightfully call for a state of public health emergency, as well as national and international interventions.

While Americans may have been seduced by the appearance of potential cures, or have simply grown weary of AIDS, the nation's wholesale reduction in public health budgets, amidst a changing and unpredictable political climate, has come at a time when there is pressing need for a new public health focus. Fortunately, new technology and information have uniquely positioned us to permanently alter the way in which public health is conducted, health care is provided, and the communities' knowledge of preventive measures is increased. Technological advances will allow communities of African descent to grow healthier and stronger. The goal must center on making neglect, both benign and intentional, of the health needs and life expectancy of these citizens no longer our national shame.

In keeping with conventional American public health standards, all credible interventions must take into account the failing infrastructure and poverty that exists in communities of color; the racism; and the pervasive lack of culturally sensitive information, all of which America currently controls for these communities. Further, America's public health system, its philanthropic community, and its public and private sectors must desist in accepting the abandonment of its fellow black Americans, and must stop declaring these communities bankrupt, their leadership unresponsive, their intellect deficient. In other words, America has to stop blaming African Americans for these conditions.

Despite heroic efforts in the black communities, they, the communities, will remain unprepared if deprived of the necessary resources—information, education and technical assistance—needed to analyze, plan, develop and implement effective solutions to the public health problems that threaten their survival.

Most important, however, America must believe that communities dominated by African descendants are something worth saving, and that it is able to exercise proven effective interventions that will preserve the traditions of black Americans, including their unprecedented will to live, and respond to their needs accordingly. Recognizing as well that the value we place on the health of our African-American citizenry will have an inherent relationship to worldwide opinion of American culture and contemporary moral standards, America must pay attention.



First We Must Be Honest

The AIDS epidemic hit African-American communities on the heels of unspeakable public health atrocities not so ancient. The most famous was a project of the United States Public Health Service, in which an initially good intention was perpetuated into a multi-decade atrocity of planned and coordinated syphilis infections on unsuspecting generations of black families. The "Tuskegee Experiment," as it is popularly known, ended in 1972 with legislation sponsored by Senator Edward Kennedy.

Since the 1920s there has been one basic definition and guiding principle for public health in this nation:

Public health is the science and art of preventing disease, prolonging life, promoting health and efficiency through organized community effort for the sanitation of the environment, control of communicable infections, education in personal hygiene, organization of medical and nursing services, and the development of the social machinery to ensure everyone a standard of living adequate for the maintenance of health.¹ [superscript]

Public health historians Lawrence Green and Marshall Kreuter looked at "an educational and environmental approach" to public health promotion, particularly in regard to disease control intervention, and concluded:

Most of the chronic disease demonstrations were designed to produce small changes in large populations, the idea being that the net effect of achieving a small percentage change in an entire population would yield more proposed health benefits than would strategies aimed exclusively at the ten percent of the population deemed to be the highest risk. The target is the community and everyone in it.

Community intervention seeks small but pervasive changes that apply to the majority of the population; the approach is "community wise." The success of the National Black Leadership Commission on AIDS is important because its model is based on sound American public health principle. Nothing more and nothing less.

Specific guidelines for crisis community intervention by American public health officials require that the intervention 1) build a base of community ownership, 2) use local experience for seeking solutions and decision making, 3) understand the history, systems and operational techniques of the target population, 4) know what has worked in the past and what has not, 5) establish an organization and advocacy structure that allows flexibility for multiple and cohesive programs, 6) develop planning based on sound data and theory, and 7) ensure necessary resources for the development and maintenance of the initiative.

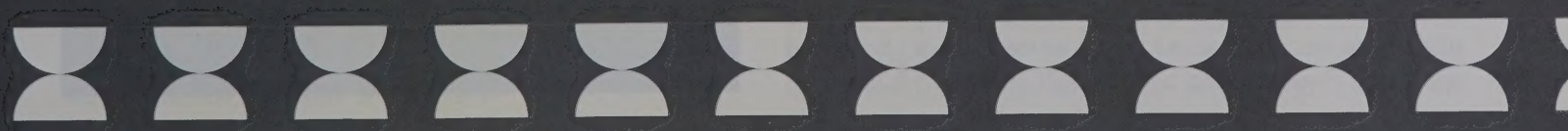
Given these basic tenets of public health, how is it possible that America seems so confused about what to do in the face of this epidemic and how to do it? How is it that operatives at major public health agencies and philanthropic organizations tend to understand the basic tenets of public health intervention for some communities and not for others? How could our government build an entire public health service based on a philosophy of the early nineteenth century, audaciously and unapologetically omitting American citizens of African descent?

If we as a society sought to reject President Bill Clinton's health security plan proposed in 1993 for any reason, it should not have been for those that were so purely based on political animosities. In the opening preface to the plan, President Clinton made several profound observations, one of which is warranted here. He stated, "In short, all of the things that are wrong with our health care system threaten everything that's right. To preserve what's right and fix what's wrong, we must get the system under control, and put people first."

Let the house say, "Amen." 

If you need any information on where to get tested, what to do next if you are infected, or if you'd like to volunteer, contact the National Black Leadership Commission on AIDS at: 800.992.6531 or www.BLCA.org

1 (Bunton, R. and Macdonald, G. (eds.) (1992) *Health Promotion: Discipline and Diversity*, Routledge, London.



REMARKS BY CORETTA SCOTT KING

SCLC ANNUAL CONVENTION

MONTGOMERY, ALABAMA

AUGUST 8, 2001

Thank you for your very gracious introduction.

President Martin Luther King III, Mr. Phil Wilson, Reverend E. Randall Osburn, distinguished guests and friends, it is a great pleasure to join you all today and to address the 2001 Convention of Southern Christian Leadership Conference (SCLC).

Coming to Montgomery is always a homecoming for me, since I lived here for more than five very eventful and meaningful years. I recognize many familiar faces, who bring back lots of warm and meaningful memories for me, including the birth of SCLC's current president and his older sister, Yolanda, right here in Montgomery. My sense of family expanded greatly here in Montgomery, because the Montgomery movement was very much like a family in the way everyone cared for each other and looked after one another. And so, it seems fitting that SCLC holds its first convention of the twenty-first century in the city where the Civil Rights movement began and where the planning for the meeting which lead to the founding of SCLC was done at the table in the dining room of the Dexter Avenue Baptist Church parsonage.

So many things have changed as a result of the Montgomery movement and the Civil Rights movement it launched. We have made some great progress in civil and human rights, using the techniques pioneered and developed in the Montgomery movement, although we still have a lot of work to do to eradicate racism and discrimination. And we face some new and daunting challenges as well. Today I want to speak to you about one of the most serious crises we face as a people, the AIDS epidemic. And before I begin, let me say that I thank and appreciate President King and the SCLC holding this forum on



Courtesy of The King Center, Atlanta, GA

AIDS because the information we share today can save lives and prevent great hardship.

AIDS is a global crisis, a national crisis, a local crisis, and a human crisis no matter where you live. AIDS is one of the most deadly killers of African Americans, and I think anyone who sincerely cares about the future of black America had better be speaking out about AIDS, calling for preventative measures, increased funding for research and treatment.

Many people still think of AIDS as a disease that afflicts only gay people. But right here in Montgomery, for example, Montgomery AIDS Outreach Inc. reports that sixty-three percent of HIV/AIDS patients being treated in their programs are not gay, but straight—in other words, heterosexual. AIDS does affect every race of people, but African-American people are disproportionately affected. Here in Montgomery, seventy-three percent of Montgomery AIDS Outreach patients are African American.

None of us are immune to the tragedy of losing loved ones to AIDS. The face of AIDS is everywhere. Most of us have a family member, relative or friend affected by AIDS. Yes, I have had members of my family die of AIDS.

AIDS is the number one cause of death for African-American males between the ages of twenty-five and forty-four, and the second leading cause of death for females in that age group. Half of all new HIV infections of young people between the ages of thirteen and twenty-four are African Americans.

It is critically important that we understand that substance abuse is closely linked to the spread of the AIDS epidemic, particularly in America. It's not just the problem of infected needles used by intravenous drug-users. People who are intoxicated on alcohol, crack or any drug are much more likely to make unsafe choices and engage in risk-taking behavior. We must create an awareness of the ways substance abuse feeds the AIDS epidemic, especially among our young people.

One of the greatest assets to the spread of AIDS in the United States is homophobia, which is the irrational fear and hatred of gay and lesbian people. Our efforts to prevent the spread of AIDS are made more difficult by the persistence of bigotry and prejudice toward gay people. So much of the suffering of AIDS comes not from the physical effects of the virus, but from the callousness, neglect and fear of our surrounding community.

Sadly, homophobia is still a pervasive problem throughout America, but in the African-American community it is even more threatening because we are so disproportionately affected by AIDS. This is an enormous obstacle for everyone involved in AIDS prevention, treatment and research.

Fear and hatred of gay people spreads shame and guilt where there should be compassion and healing. It discourages our young people from getting informed about AIDS and from taking life-saving precautions. It also discourages people with AIDS from getting the treatment they need as soon as possible.

Homophobia is as morally wrong and unacceptable as racism. We ought to extend to gay and lesbian people the same respect and dignity we claim for ourselves. Every person is a child of God and every human being is entitled to full human rights.

To eradicate AIDS, we must give our medical researchers and scientists all of the support they need to find the cure. But we must first and foremost cure our own hearts of the fear and ignorance that leads to denial and ostracism of our brothers and sisters who have AIDS. The real shame falls not on the people with AIDS, but on those who would deny their humanity.

All people with AIDS are deserving of our compassion, not our judgement. I would urge anyone who doubts this to revisit the teachings of Jesus, to ponder his teachings about love and compassion, on sinners casting stones, on judging others and being judged. I would appeal to them to study his deeds, his no-questions-asked, compassionate healing of the sick, his embrace of the outcasts and the "least of these." Nowhere in the teachings of Jesus do we find any justification for the persecution and dehumanization of anyone. Instead we find a radiant message of universal, unconditional love, indeed an appeal "to love one another as I have loved you." Let's leave the judging to God and minister to the sick in the spirit of he who died for all our sins.

In a way, the silence of good people has been even more harmful to the struggle against AIDS. There is a very human tendency to direct one's attention elsewhere when confronted with the stark reality of deadly disease. If we are going to end this terrible epidemic, it is time to end the silence and become a pro-active part of the solution, instead of being a silent part of the problem.

The other thing we have to remember is that AIDS is not only a medical and a social problem. It is also a political problem. We won't see adequate funding for AIDS research, prevention and treatment programs until we make the political leadership at every level of representative government understand that they will be held accountable for everything they do or don't do with respect to AIDS.

That's why it's so important that we pass needed legislative reforms like significantly increasing funding for the Ryan White Act, which is the principal source of government assistance for the war against AIDS. To help eradicate the homophobia that feeds the spread of AIDS, we should also support the

Employee Nondiscrimination Act and the Local Law Enforcement Enhancement Act, which strengthens the government's ability to prevent and stop hate crimes. Both of these bills also strengthen penalties against racial discrimination, as well as sexual orientation.

As we mark twenty years since the beginning of the AIDS pandemic, we are seeing some of the highest AIDS infection rates ever recorded in many places around the world. I call AIDS a pandemic because it is a leading cause of death in nearly every nation on earth. Since the first AIDS cases were reported, more than sixty million people have been infected. To put that number in perspective, that's more than the entire population of Great Britain or France. And, more than twenty-two million people have died because of AIDS. That's more people than live in the entire states of New York or Texas, and more than all of the people killed in the wars and civil wars of the twentieth century.

And though AIDS is no respecter of boundaries, no people have been more devastated by AIDS than our sisters and brothers in mother Africa. Between seventy and eighty percent of all of the world's thirty-six million people who have AIDS live in sub-Saharan Africa. AIDS now kills more Africans every year than all of Africa's wars and conflicts combined. In seven to ten years it is estimated that AIDS will create forty million orphans in Africa. That's more people than the populations of Tokyo and Los Angeles put together.

About ninety percent of Africans with AIDS are not gay people, but heterosexuals. In Botswana, Zimbabwe and Kenya, more than one out of every five adults are infected with HIV, and nearly as many in South Africa, Mozambique, Zambia and Tanzania. And, according to the United Nations, fifty-five percent of all HIV-positive adults in Africa are women.

In mother Africa, the two most important things that must be done to eradicate the AIDS epidemic are to increase the Global AIDS Fund and to cancel Africa's debt to the developed nations, the World Bank and the International Monetary Fund.

Some African governments are paying as much as forty percent of their annual budgets just to pay interest on the debt to wealthy nations and their banks. Zambia is forced to spend more for debt interest than for health care and education combined. This is wrong, and we must do everything we can to cancel this immoral debt, so the governments of Africa can educate and heal their people.

Once Mother Theresa was asked where she found the strength to care so tirelessly for the terminally ill. She replied, "It's not hard because in each one, I see the face of Christ in one of his more distressing disguises." And, in a way, that is the challenge



we all face—to see the face of Christ in his many distressing disguises—the sick and destitute, homeless and hurting. But we must also see the face of Jesus in all people with AIDS. When we learn how to see the face of Jesus in every human being, then the same spirit of healing that empowered Mother Theresa will enable us to heal our communities in America and all over the world.

Before I conclude my remarks, I want to ask all of you to take some time to look at the AIDS quilt panels, which so powerfully symbolize the suffering and hurt AIDS has brought to so many of our families. Perhaps you have noticed that each of the panels is the size of a grave because it represents a lost loved one. There are so many AIDS deaths, more than 750,000 in America alone, that the quilt can only be displayed a few panels at a time.

The AIDS quilt recalls another beautiful garment my husband and SCLC's founding president once spoke about. Martin Luther King, Jr. said that "we are all tied together in a single garment of destiny, bound together in an inescapable network of mutuality. Whatever affects one directly affects all indirectly."

Our founding president's words are profoundly appropriate to our struggle to end the scourge of AIDS. And, if we will stand together as brothers and sisters, bound together in an inescapable network of mutuality, we can surely put an end to AIDS.

While AIDS is not yet curable, it is certainly preventable and the odds of survival can be greatly enhanced with proper treatment. And so, I join in calling for more funding for AIDS research, education, prevention and treatment. But I also call on all parents, teachers, community and religious leaders, and especially on our young people, particularly those who have leadership skills, to join together in a nation-wide teach-in on AIDS. Let us work together to ensure that homophobia, ignorance and low self-esteem no longer feed the spread of AIDS. And let us resolve that this new openness and dialogue will also help us to heal people with AIDS and to build the beloved community, where all people can live together in health and harmony. And, it is with this spirit that we shall overcome.

Thank you, and god bless you all ☸

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Coretta scott king

People of Color in Crisis, Inc. introduces...

Many Men, Many Voices

Important questions for Every Black Gay Man

Who has the power in
Black Gay relationships?
The top or bottom?

**How do you pick
your lovers?**

What's up with having sex
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Join POCC for a 6-week affair that takes a close look at our Black Gay selves and the stuff' that has created our behaviors related to sexuality, relationships, health and other issues facing our community. During our 6-week conversations we will discuss ways we can improve our relationships, how to develop new communication skills and ways to reduce STD/HIV infections. Participants will receive parting gifts and a MetroCard. A light dinner will be served.

For more information or for the "Many Men, Many Voices" curriculum training please call (718) 230-0770

**PEOPLE OF COLOR
IN CRISIS**

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BROOKLYN, NY 11217**

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NEXT GENERATIONS

Ceremonies

(for Essex)

Tim'm T. West

on the other side of what I don't know
is what I know.
My bedroom, a shrine
and the feelings poured into it:
evaporated tear-droplets
a smile trapped still in some photo,
love potions, sea shells, a fortune cookie script,
and half a frank/incense stick.
there be pics of niggas, now dead, that I loved
sprinkled in to give volume and color to my
memorial.

what I know is morning
and having to wake, get up outta the bed,
pray to or curse the gods
on bended knee.
there is medicine to take
and three drenched T shirts
hanging over a computer chair
after last night's sweats.
I know that it is winter.

What I know is that, when lonely,
there is a telephone in my room
with ghettotfabulous messages I can playback,
there are pics of ex-lovers,
there is Marley and MeShell and Malcom
with poster-eyes watchin over me,
and there are bookshelves that stand as evidence
of years of hard work.
There are diplomas hanging, other silly accolades,
Chapters I have not yet found a book for.

What I know is that my bedroom
is a repository for sadness
there are things in boxes to forget about
silver rings, naive and cliché poetry, perversions
like this here disclosure will become.

On the other side of what I don't know
are certain things:
longings, missin' mama and babysisenem.
There is grammatology and feminism and postwhateverism
that cut the umbibical chord,
there is lots of paper
and lots of pens that don't write no more
but still there...bleeding... like me.
so much of my blood has leaked.

On the other side of what I don't know
are wishes:
there are master tools I want to use to make
a dream home,
a den with a sofa, a bowl of butter popcorn.

There is a ceremony
In that place in my head
like in my bedroom in the morning.
I shall find a heart still beating
and shall dream up a heart to match
and a dance with him.. to house music
we'll exchange silver cockrings,
and have 7-up cake at the ceremony.
I'll ignore some chile trying to read my dashiki.

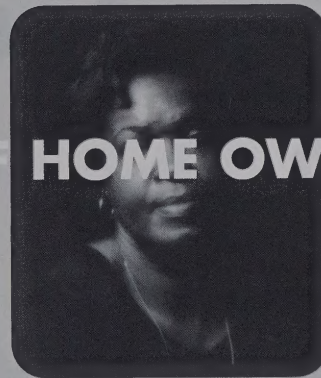
The ceremony...
I imagine the family is "going in"
cause this time its real:
mama's lil boy
has claimed another lil' boy's smile
as his own
for keeps
and to add to the collage
of other things he knows
there is the kiss
we untying each other's tongues
forcing our jump to the center of the broomstick
till it breaks.

Transformations



THE JOYS OF HOME OWNERSHIP

Sharyn Grayson



Few feelings compare with the joy one experiences upon successfully completing the processes leading to personal home ownership. If you are willing to devote some time toward preliminary research, networking among friends and approaching the task of buying a home in an intelligent and confident manner, there's little reason for this experience to be anything less than rewarding—even for the first-time buyer.

Understand however, the overall experience can be a bit overwhelming depending on individual circumstances. There may be times when your frustration level will truly be pushed to its limits. Nonetheless, the outcome is well worth it.

I recommend you adopt a "take charge" attitude from the beginning. No matter how dumb you may think a question is, never, never, ever hesitate to ask questions. Although you may feel at times that everyone else's opinion carries more weight, know that YOU are the most important person in the entire process. If you (for any good reason) decide to halt the purchase process, that's it. It's over!

One point I need to stress particularly to my TG brothers and sisters is that you must have your personal identification records in order. That means to make sure your established 'paper trail' (personal identification) coincides with information you will list on your credit application. Next, obtain a copy of your latest credit report. It is a good idea to do this at least twice annually, anyway; just to review the details and make sure that errors and outdated information is removed as soon as possible. *[For more information on the credit reporting agencies, please see **First Step in Homeownership** on page 36]*

There is absolutely no reason for you to feel that you have any less of a right to own a home than anyone else does. In fact, some states (and the federal government) have established

laws that protect against housing discrimination based on sexual orientation. If you feel you have been victimized, contact your nearest branch of Housing and Urban Development (HUD) or a human rights office for the proper information on filing complaints.

Property purchases do not always require the services or involvement of a licensed real estate sale professional. Some home sales can be legally conducted solely between the buyer and seller. However, to enter into such a profoundly complicated arena, without the advantage of guidance from a seasoned professional, is foolhardy and financially dangerous. Just because your parents or close friends have always owned property, they are *not* experts in the field of real estate. Know this!

Should you decide upon the more traditional route of retaining a professional real estate sales agent, make sure the person is aware of details and facts that are particularly important to you (for example, neighborhood safety, privacy and convenience). Although it isn't necessary to "out" yourself in the process, you do want to be sure you make the best use of your time with them.

Vital information on most property purchase situations, mortgage finance alternatives, various housing and real estate laws, as well as many publications focusing on home ownership can always be obtained by contacting your local HUD office. Check your phone book for listings. And there's always the Internet for additional (specific) resources.

Home ownership is everyone's right! Good luck in your search...☺

Your comments are appreciated: Sharyngrayson@aol.com

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WOMEN'S HEALTH

BEING BLACK, BEING OUT AND STAYING SANE

Janine Y. Saunders



Illustration: "Celebration" by: Terrance Gaska

BEING BLACK, BEING OUT AND STAYING SANE

The African-American community has not traditionally been a welcoming place for people of diverse sexual orientations. Similarly, we have not been able to talk frankly and candidly about mental illness. If you are a lesbian and are mentally ill, you are often on your own. Although gays and lesbians of African descent have existed since the beginning of time, many of us are now choosing to live openly and honestly; what does this mean for our mental health?

After discovering at a young age that I preferred girls over boys, I still spent years trying to build relationships with men. They always failed. I convinced myself that the timing was bad, the man wasn't right for me, I wasn't right for him, etc. This cycle of failure and the disappointment that followed led to a life of self-hatred and self-abuse for me. I did not care for my body in healthy, loving ways. I abused alcohol and other drugs. I over indulged in food then purged to rid myself of the excess. I took up to forty laxatives each day in addition to vomiting, using diuretics and fasting. I was diagnosed as clinically depressed and relied on medication to lift me out of my cloud of despair. While I continued to be successful in academics and in my career, my mental state suffered. Although I knew other African-American lesbians, I felt isolated and alone. There seemed to be no end to my pain. I contemplated taking my own life. And then I came out.

It was like the sun parting the clouds! I was blessed with joy. By being honest with myself, my family and my community about my sexuality, I was able to break free from the self-hatred that almost killed me. We, as a diverse and powerful community,

must find ways to support one another. I cannot tell you how many pastors, elders, educators, etc. I went to for help only to be told that I was "sick," "confused," and that (my favorite) "I will pray for you." Black lesbians are more likely to drink heavily, to use illicit drugs and to be clinically depressed. What are we doing as a community to part the clouds, to bring joy into everyone's life?

I implore everyone who reads this to reach out to those in need. Mental illness need not be a curse or a stigma any longer. If you know a woman who is not treating herself like the queen that she is, talk with her. Be a friend. Be a sister. Show her that there is a way out of despair. Let us embrace each other with a fullness and a love that knows no bounds. I am now in a healthy relationship with a woman who knows all about me and still loves me unequivocally. With her I am able to live openly and with a freedom I have never known. I celebrated my newfound freedom with a tattoo of Gye Nyame, my symbol of freedom, love and health. How will you celebrate yours?

Janine Y. Saunders, a native of San Francisco, is a Master of Public Health student at University of California, Berkeley. At UC Berkeley, she serves as the co-chair of the Graduate Association of Public Health Students and as a graduate student researcher for the Center for Community Wellness. Janine is currently the Outreach Project Director at Lyon-Martin Women's Health Services in San Francisco and is also a fellow for the SF Bay Area Health Professions Partnership Initiative. She can be reached at JanineYS@aol.com.

BEING BLACK, BEING OUT AND STAYING SANE

The issue of substance abuse, one major highway for HIV transmission, was addressed by planting seeds for Twelve Step Programs, which have proven to be so effective here in the U.S. If you are in southern Africa and can lend support to the Swazi people by sponsoring a Twelve Step Fellowship group, or assisting with any of the projects already mentioned, please contact me, Maurice Graham, at *Gibbs Magazine*.

Facts about HIV in SWAZILAND [inset box?]

Swaziland is a kingdom of fewer than one million people. AIDS is ravaging its citizenry. It has the fourth highest infection rate in Africa per capita. It is estimated that thirty-five percent of the population is already infected with HIV. That number represents more than 300,000 people. Seventy percent of the people who have tested positive for HIV have also tested positive for tuberculosis. Since TB is an airborne virus, it is being introduced to people who are already HIV positive. Because of the depleted nature of HIV-positive people's immune systems, TB is also reactivating in those who have already received treatment for TB infection. In Swaziland the program to treat TB is six months. Here, in the U.S., the program is more than a year of treatment, with the CDC and the local Health Departments following each case to its conclusion. So in most cases, the six-month treatment only brings the TB into a state of remission.



There are many cultural, social, political, economic and religious issues standing in the way of effectively getting the population tested. Disclosure after testing positive is an issue—most people don't admit the fact that they have tested positive for fear of being stigmatized and discriminated against. Fear of disclosing is a barrier to effectively using the information, services and medications already available for healing. It prevents the medical community from treating HIV and the people who are HIV positive and living with HIV/AIDS from sharing experiences that could contribute to wellness. The patient usually must disclose to their doctor their HIV status to receive the medicines. Doctors sometimes guess the patient's status and will use treatments related to HIV "OI's" or opportunistic infections. The patient may in fact recover from whatever that infection might be. Treatments, which could prevent opportunistic infections early in the disease process, are not used and many die prematurely without the benefit of what is currently available.

The medicine situation in Swaziland is one where HIV and AIDS medicines are available, but only to those who can afford to pay the cost of the medication. Most Swazis cannot afford AIDS medicines. Opportunistic infection medicines, however, are available at a reasonable cost. The cost to enter the hospitals in Swaziland is 10 Rand, which is equivalent to about a \$1.25 U.S., and that entitles that person to whatever medicines are available for the opportunistic infections associated with HIV. Although this may sound quite reasonable to you who are reading this report, a large number of people cannot even afford to pay for entrance into the hospital. ☸



ELEMENTS OF STYLE

W. DWIGHT SHEALEY

What is Style?

There is no one word that sums up excellent design better than *style*. It is a quality that is easily recognized yet difficult, on some levels, to define. Many times, good style is mistaken for good taste. Although they are related, they refer to two different aspects of design. Think of style as the way something looks and how it makes you feel, while taste refers to quality and how well an item is made. Notice I didn't say that good taste is determined by the cost of an item. This is also a popular myth believed by many. Very often, good taste or quality can be obtained quite affordably. Having a good sense of style should never exclude, but always include good taste.

How to determine your Style

Defining your style is very personal. The furnishings that appeal to you are what should be found in your home, office or business. If you have a flare for decorating, you should be able to manage small projects, but if you are taking on a large remodeling project (kitchen or bathroom), I recommend that you consult with an interior designer. Take look at these various styles to see which ones appeal to you. If you like more than one, you can mix and match elements to create an "eclectic" look.

Ancestral

Most ancestral interiors have what is often referred to as the "world traveler" look. You can usually find a mixture of things that originated in various places all over the world. The ancestral style is classic in that it is not based on the latest trend, but rather, it allows tradition, heritage and history to make its impact. Some elements associated with this style are:

- Period and antique furnishings
- Leopard and zebra prints
- Gilding
- Hand woven rugs
- Tapestries, animal skins and velvets
- Dark, rich woods

Simple

The simple look is very popular right now. It relies on natural fibers, clean precise lines and practicality. This style derives its inspiration from the idea that less is more. Very basic and somewhat Minimal is the best way to describe this style. Simple style supports another design concept called "eco" or "green" design. Some elements that are associated with this particular style are:

- Cotton, linen and chenille
- Innocuous and raw materials (cement, metal, glass)
- Khaki, taupe and white
- Plants

Clutter

YES...clutter is not only a problem, but it is also an incredible style! It is a great solution for those of us who like to collect things or simply can't seem to bring ourselves to give our little tchotchkes to Goodwill. (Can you say...PACK RAT? Just teasing!) Nevertheless, having a clutter style is a good idea if it is kept organized and arranged properly. The idea is to create order as well as scale by grouping carefully selected collectibles together. For example, a collection of framed photos looks best when all of the photos are in frames that match somehow, be they all metal, or all wooden, or the same size, shape or color. Some of the elements associated

- with this style are:
- Books, plates, boxes etc.
- Shelving and storage
- Neutral backgrounds
- Retro and antique items



Shabby Chic

If you want to redecorate and don't have a pile of money to invest (like most people), then the shabby chic style may be the perfect solution for you. This style is popular among thrift shoppers and flea market lovers because they can use old, recycled objects to create a spectacular look. Dried flowers work really well with shabby chic-ness. Here are a few elements that are associated with this style.

Distressed and chipped paint
Patina or rusty metal
Wrinkled, faded and chintz fabrics
Loose-fitting slip covers or fabrics
Antiques



Retrospective (Retro)

Another popular style at the moment is the Retro look. This is a style that captures the character of the last fifty years. Retro is so popular today in part because homes built during that period are now being resold to people born during the baby boom. It was around this time that Danish furnishings became the new trend. This style is also reminiscent of the Art Deco movement, which was a futuristic look in its time. Here are some elements that reflect this style:

Chrome, glass and blond woods
Vinyl and synthetic fabrics
Stripes, polka dots and bright colors
Clean, smooth lines
Molded plywood and steel



It's time to refresh, remodel or redecorate, so...GO FOR IT!

If you would like to contact W. Dwight Shealey, he can be reached at:

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men's HEALTH

Prostate Health and Risk of Prostate Cancer in African-American Males

TRACI BECK, M.D.

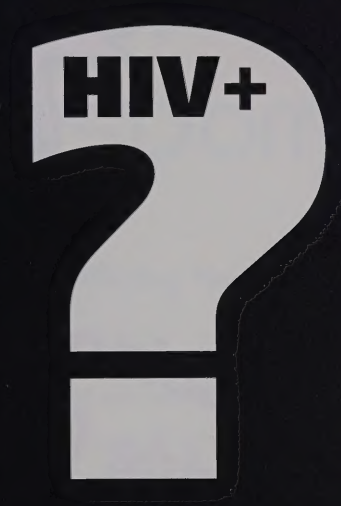
For reasons that have not been identified, the highest rates of prostate cancer in the U.S., and possibly the world, are among African-American men. African-American men are fifty percent more likely than white men to develop prostate cancer. An even more distressing fact is that once diagnosed, African-American men are twice as likely to die from the disease. In recent years, more and more black men have found that either they are having to deal with prostate cancer themselves or they know other black men who are dealing with the disease.

Doctors and researchers continue to look for answers explaining the disproportionate rates of prostate cancer in black men. However, to date, specific causes have not been identified. Two possible causes include diet and family history (heredity). African Americans tend to have diets high in fat. A high-fat diet seems to play a part in causing prostate cancer. There also appears to be some familial tendency, meaning prostate cancer appears to run in some families. Research is currently under way to study the genetic basis of racial and familial differences in prostate cancer. Regardless of the cause, the greatest risk factor for prostate cancer is age. More than eighty percent of all prostate cancers are diagnosed in men over the age of sixty-five.

The best form of prevention is early detection. Early detection is the key to fighting prostate cancer. Unfortunately, many African-American men shy away from early detection prostate cancer screening and thus, often have more advanced disease at the time of diagnosis. Prostate cancer is usually slow-growing and symptoms may not appear for many years or may never exist at all. In fact, many men will die without ever knowing they had prostate cancer. In its earliest stages men usually experience no symptoms, while in more advanced stages men may experience frequent, difficult or painful urination, dribbling urine, blood in the urine or pain and blood with ejaculation. If the cancer has spread to other parts of the body, it may cause more severe symptoms such as bone pain. Because early prostate cancer usually causes no symptoms, it is very important to have regular checkups by your family doctor or urologist.

It is strongly recommended by members of the medical community to get annual prostate-specific antigen blood test (PSA) in combination with a digital rectal exam (DRE) beginning at age fifty. African-American men or men with a strong family history of prostate cancer are strongly urged to begin screening at age forty. Early detection of prostate cancer can mean the difference between life and death. 

Traci Beck, M.D. , is a urologist in private practice in Chicago, Illinois, with a special interest in female urological problems.



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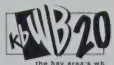
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in a sweet and sweeter harmony
I am missing drinking your laughter
like air/a smile that answers my own

I am missing

Our love that reaches across time and space and lifetimes
Our hearts remember what our minds forget

The music in us, between us as we dance
to rhythms ancient yet new
The high romance of us knowing,
any moment that we love is *special*

Having experienced the world,
we know how precious love is
how very precious our love is

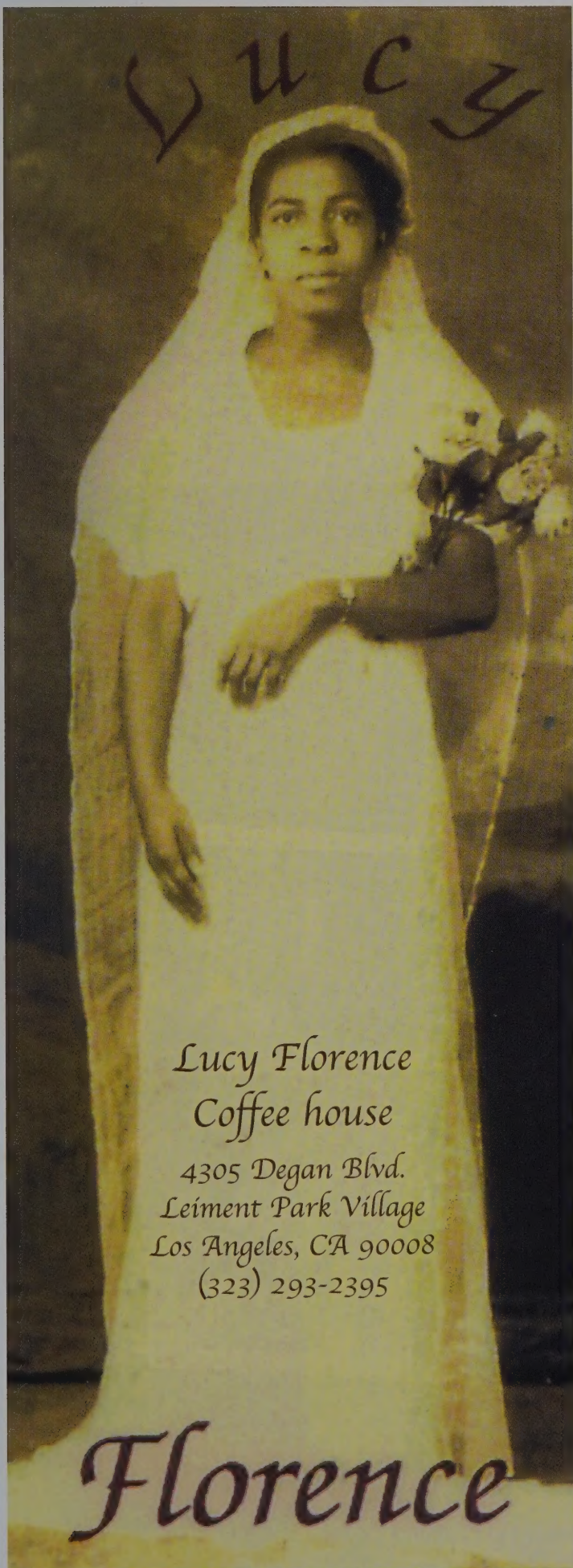
'Cause we remember who we really are
in each other's presence
beautiful more than anything
connected by the light that is our love

I am missing you
Beloved
missing you, missing you

A woman I have not met

Yet....

Ntombi



Lucy Florence
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Black Pride NYC

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1



2



3



4

1
Fred Brown, Chaz Crowder,
E. Lynn Harris, James Saunders

2
Chaz with Kathy Sharpton

3
Janice Combs with Chaz

4
Mary J. Blige with Chaz



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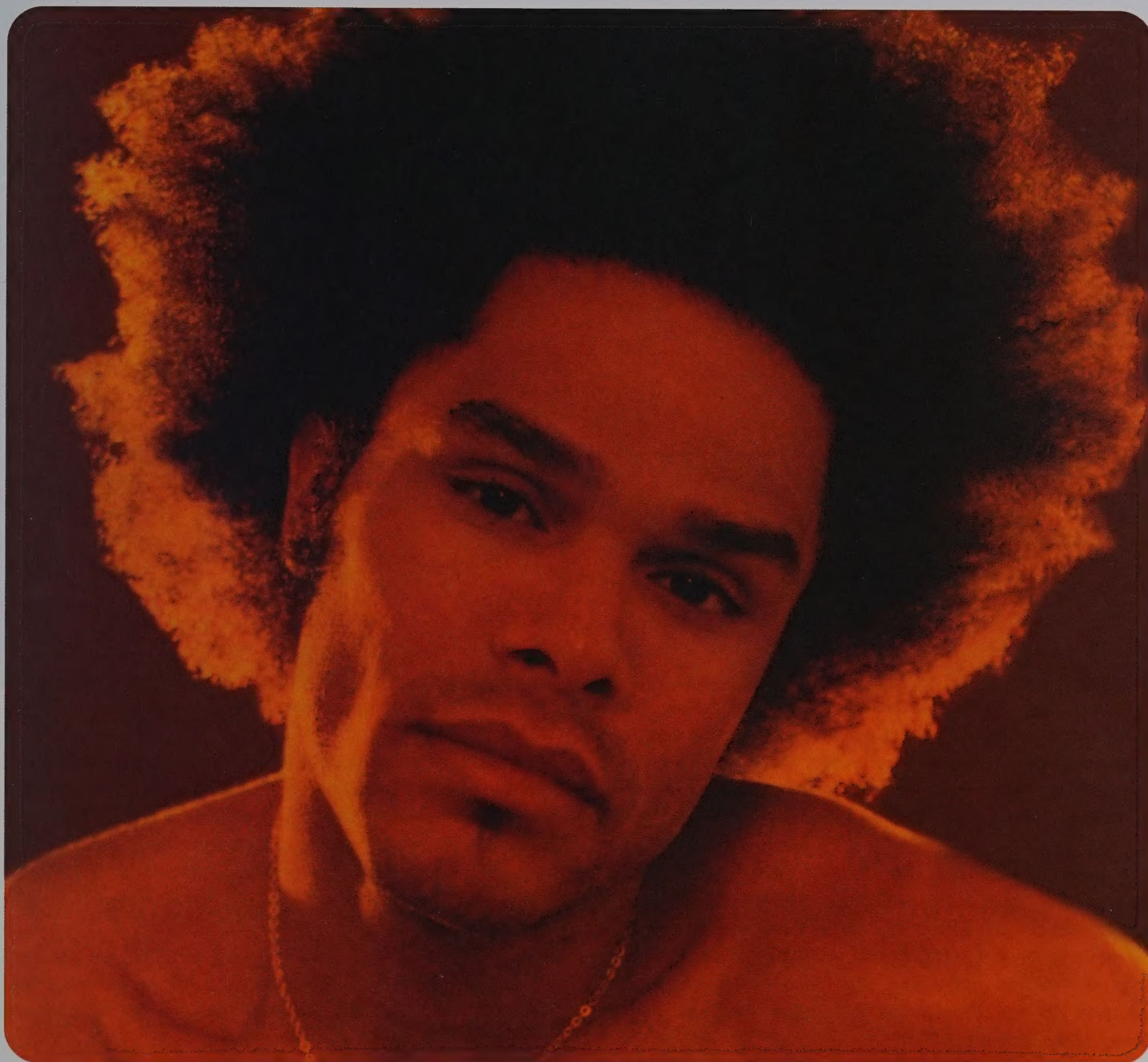
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MAXWELL now

SONY MUSIC

With a sly, gurgling funk of "Get To Know Ya," the first single from *Now*, Maxwell announces his return in sensual, celebratory terms. As a horn section punches in and out, bobbing and weaving in counterpoint to his heartfelt testimony, Maxwell signifies that for him, sexual attraction involves understanding a woman, not objectifying her. It's this kind of old-fashioned romantic attitude fused with an utterly modern sound that's help Maxwell stand out in a crowded field of R&B soul men. And it's what makes *Now*, his third full-length studio album, his most sophisticated and sexiest yet.

MAXWELL now

Following the platinum success of 1996's *Maxwell's Urban Hang Suite* and 1998's *Embrya* as well as 1997's gold-certified *MTV Unplugged*, *Now* is both conceptually simpler while, at the same time, a leap forward in consciousness.

"*Now* is about a moment to moment energy," says the singer and songwriter, "and that in itself can be a cohesive idea, just as much as a concept record. Whereas my first album was definitely about a specific concept—a love affair—this album is more about having experiences and writing about them and not being on some grandiose trip. It ties in to the idea of just letting things be, rather than being cautious or contrived."

Maxwell, who almost single-handedly ushered in a new era in contemporary soul when he released *Maxwell's Urban Hang Suite* in 1996, is not a man to sit still for long nor one to repeat himself. "I named it *Now* because—whereas *Urban Hang Suite* was the past, and *Embrya* was about the future, about consciousness and the euphoric, surreal, intangible energy in music—this album is about the moment, encompassing both the past and the future at the same time. There's a combination of everything in this record," Maxwell explains.

"It's about randomness and about being really honest, feeling really sexy at one moment and then feeling really stupid and happy and giddy. It's like me saying to a girl, 'Sometimes I just want to talk to you.' It's also about being a grown-up and not acting like I'm twenty-one anymore, because I'm not. There's funk in it, clear song structures in some tracks, some not."

Maxwell attributes inspiration from legendary guitarist Wah Wah Watson, who's played with a vast array of artists including Marvin Gaye, Pharoah Sanders, Herbie Hancock and Barry White.

Maxwell was born in Brooklyn with the traditions of West Indian music inside his home, while on the outside hip-hop and early '80s soul ruled the asphalt. "More than anything I went and found the sounds that I like," he remembers. "I wasn't necessarily influenced by everything that was around me when I grew up, but having family from four islands in the Caribbean made for a wealth of influences."

Growing up in a rough and tumble neighborhood of East New York, the shy teenager tended to be a loner and spent hours in the bedroom composing a growing catalog of songs. "Music filled my time up, and it brought me to a place where I had hope for a better future. I loved growing up there in that element and what it meant."

With his debut, Maxwell changed the R&B game forever. The album was a conceptual whole, devoted to exploring a single love affair, and with his sultry falsetto and elegant musical arrangements, Maxwell added a much-needed dose of old fashioned romance to R&B at a time when increasingly tacky bump n' grind was the order of the day. "At the end of the day," he says, "if it's sensual, it's timeless. Sexuality has a lot of trends and essentially, if you're centered about what you do, and don't worry what your boys think about you, if you're just being what you are, people will gravitate toward that. I'm not always on the mark but all you can do is live and try."

As he found material success, though, Maxwell discovered that something was still missing, and delved more deeply into a spiritual path which had always been part of his life, but by his early twenties, had become an all-consuming passion. The songs on *Embrya* reflect the heart and mind of an artist in the process of transformation.

With *Now*, the process is by no means over. But we can hear a clearer, more resolved version of Maxwell: he has integrated meditation, musings and readings, as well as his own life experience, into the songwriting process.

Asked where he sees *Now* fitting into the arc of his career, Maxwell is typically optimistic. "I think I'm growing up. Not just in terms of the charts, but in terms of consciousness and self-awareness. Not being too serious, and yet being serious. Everything at once. When you live in the moment, it's everything at once, the possibilities of the future, and the past, too. You can really relish things as they happen when you don't worry about what was and what will be. You make it happen by being in the moment." 

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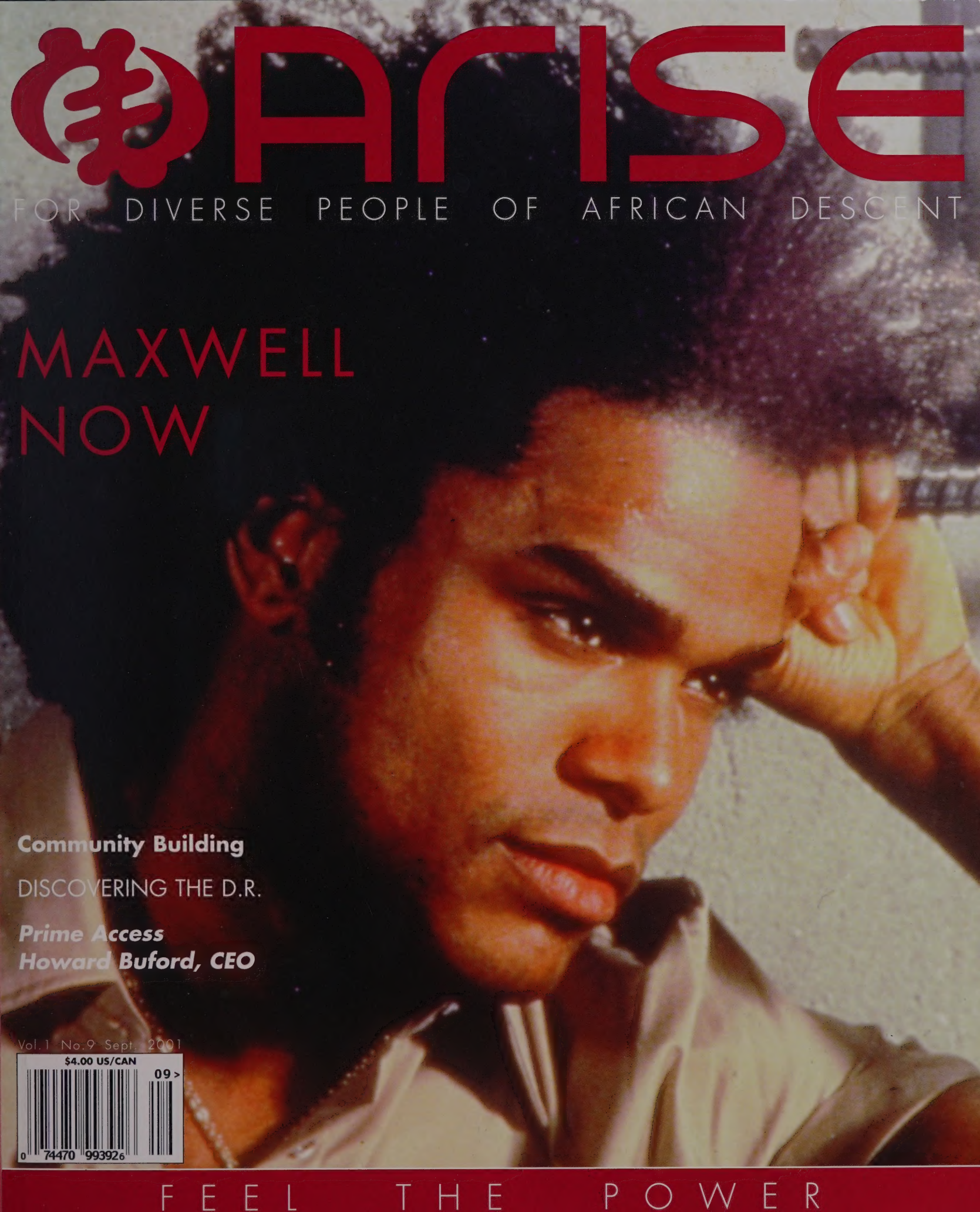
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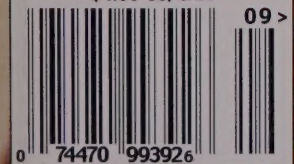
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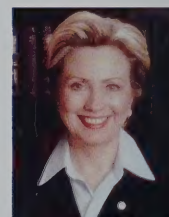
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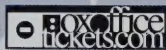
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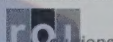
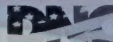
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Janine Y. Saunders, a native of San Francisco, is a Master of Public Health student at University of California, Berkeley. At UC Berkeley, she serves as the co-chair of the Graduate Association of Public Health Students and as a graduate student researcher for the Center for Community Wellness. Janine is currently the Outreach Project Director at Lyon-Martin Women's Health Services in San Francisco and is also a fellow for the SF Bay Area Health Professions Partnership Initiative. She can be reached at JanineYS@aol.com.



LINDA LEE

Linda Lee competed in professional bodybuilding until 1995, landing her a national print campaign with Lady Footlocker. She maintains multiple certifications as a fitness instructor and trainer. Her special skills include Speed Training, Pool Training, Marathon Training, Weight Management, and Pre- and Post-Natal Training.



NTOMBI HOWELL, MA

Ntombi Howell is the program director of the Extended Family Recovery Program for Glide Memorial Church in San Francisco. She is a member of the faculty of the New College of California BA completion program. Ntombi develops and facilitates personal growth workshops that focus on empowerment and spirituality and that speak to the healing of marginalized populations, especially women who have survived sexual abuse and domestic violence. Ntombi is a performance artist, the co-creator, along with Earnest Andrews and the late Peter Barclay, of Sweet Potato Pie, a performance group dedicated to raising the awareness of the black community around the issues of AIDS and homophobia. She has also performed in the Dyke Drama series at Luna Sea Theatre. Ntombi is a "round and brown" woman who celebrates the beauty, power and passion of voluptuous black women, a feminist and a fabulous femme, who loves herself fiercely.



DEBRA FRASER -HOWZE

Debra Fraser-Howze is the president and CEO of the New York City-based National Black Leadership Commission on AIDS (BLCA), which she founded in 1987. Under the leadership of Ms. Fraser-Howze, BLCA has grown to become the oldest and largest black HIV and AIDS non-profit organization of its kind in America.



REVEREND ALFREDA LANOIX

Reverend. Elder Alfreda Lanoix is a pastor of the Unity Fellowship Church. She has received multiple recognitions for her HIV/AIDS work including a 1999 commendation from the Los Angeles County Board of Supervisors. She currently serves as chief operations officer and assistant director of health education at the Minority AIDS Project in Los Angeles. Rev. Elder Lanoix resides in Inglewood, California.



TIM'M T. WEST

Tim'm T. West is a poet, scholar, artist, and activist living in Oakland, CA. He has just finished a memoir "Red Dirt Revival" that journeys his rhytes of passage into manhood. The book should be available sometime this Winter.

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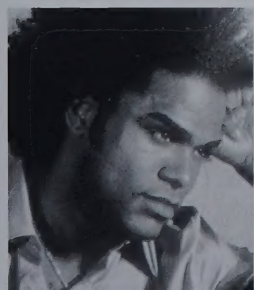
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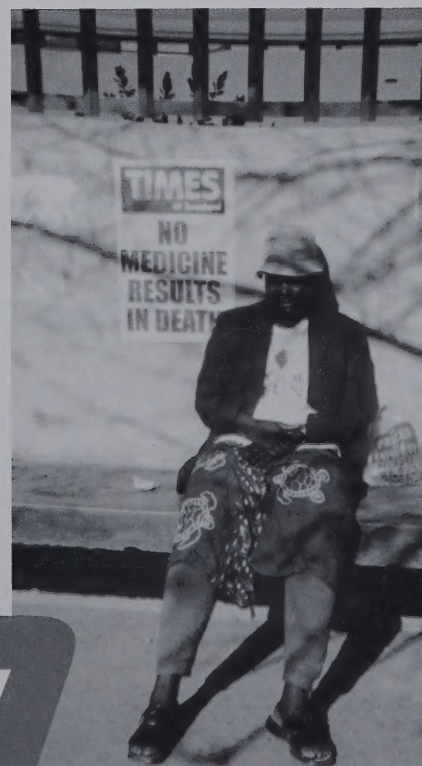
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- Sore throat, shortness of breath, cough

If you think you may be having a reaction, **STOP taking TRIZIVIR and call your doctor right away.**

If you stop treatment with TRIZIVIR because of this serious reaction, **NEVER take abacavir (as TRIZIVIR or ZIAGEN) again.** If you take any of these medicines again after you have had this serious reaction, **you could die within hours.**

NEW for HIV



1 tablet



2 times a day



3 medicines

3 HIV medicines in 1 tablet

- **One tablet, two times a day, with or without food**
- **TRIZIVIR contains ZIAGEN® (abacavir sulfate 300 mg), EPIVIR® (lamivudine 150 mg), and RETROVIR® (zidovudine 300 mg) in a single tablet**

3-in-1 therapy

Talk to your healthcare professional about whether TRIZIVIR may be right for you. For more information, call 1-888-825-5249.

Some patients who have stopped taking abacavir (as TRIZIVIR or ZIAGEN) and who have then started taking abacavir again have had serious or life-threatening allergic (hypersensitivity) reactions. If you must stop treatment with TRIZIVIR for reasons other than symptoms of hypersensitivity, do not begin taking it again without talking to your healthcare provider. If your healthcare provider decides that you may begin taking abacavir (as TRIZIVIR or ZIAGEN) again, you should do so only in a setting with other people to get access to a doctor, if needed.

A written list of these symptoms is on the Warning Card your pharmacist gives you. Carry this Warning Card with you.

Make sure to see your doctor regularly because serious side effects can occur, such as muscle damage and a decrease in red and/or white blood cells, especially in patients with advanced HIV disease or AIDS.

A buildup of lactic acid and severe liver problems, including fatal cases, have been reported with HIV drugs of this type, including the medicines in TRIZIVIR and other antiretrovirals.

The most common side effects of taking the medicines in TRIZIVIR together are nausea, vomiting, diarrhea, loss of appetite, weakness or tiredness, headache, dizziness, pain or tingling of the hands or feet, and muscle and joint pain. Most of these side effects were mild to moderate and did not cause people to stop taking these medicines.¹

Reference: 1. Data on file, GlaxoSmithKline.

Please see important information for TRIZIVIR on adjacent page. **www.TRIZIVIR.com**



GlaxoSmithKline

MEDICATION GUIDE

TRIZIVIR® (TRY-zih-veer) Tablets

Generic name: abacavir sulfate, lamivudine, and zidovudine

Read the Medication Guide you get each time you fill your prescription for Trizivir. There may be new information since you filled your last prescription.

What is the most important information I should know about Trizivir?

Trizivir contains abacavir, which is also called Ziagen®. About 1 in 20 patients (5%) who take abacavir (as Trizivir or Ziagen) will have a **serious allergic reaction** (hypersensitivity reaction) that **may cause death if the drug is not stopped right away**.

You may be having this reaction if:

(1) you get a skin rash, or

(2) you get 1 or more symptoms from at least 2 of the following groups:

- Fever
- Nausea, vomiting, diarrhea, abdominal (stomach area) pain
- Extreme tiredness, achiness, generally ill feeling
- Sore throat, shortness of breath, cough

If you think you may be having a reaction, **STOP taking Trizivir and call your doctor right away**.

If you stop treatment with Trizivir because of this serious reaction, **NEVER take abacavir (as Trizivir or Ziagen) again**. If you take any of these medicines again after you have had this serious reaction, **you could die within hours**.

Some patients who have stopped taking abacavir (as Trizivir or Ziagen) and who have then started taking abacavir again have had serious or life-threatening allergic (hypersensitivity) reactions. If you must stop treatment with Trizivir for reasons other than symptoms of hypersensitivity, do not begin taking it again without talking to your health care provider. If your health care provider decides that you may begin taking abacavir (as Trizivir or Ziagen) again, you should do so only in a setting with other people to get access to a doctor if needed.

A written list of these symptoms is on the Warning Card your pharmacist gives you. Carry this Warning Card with you.

Trizivir can have other serious side effects. Be sure to read the section below entitled "What are the possible side effects of Trizivir?"

What is Trizivir?

Trizivir is a medicine used to treat HIV infection. Trizivir includes 3 medicines: Ziagen (abacavir), Epivir® (lamivudine or 3TC®), and Retrovir® (zidovudine, AZT, or ZDV).

All 3 of these medicines are called nucleoside analogue reverse transcriptase inhibitors (NRTIs). When used together, they help lower the amount of HIV in your blood. This helps to keep your immune system as healthy as possible so it can fight infection.

Different combinations of medicines are used to treat HIV infection. You and your doctor should discuss which combination of medicines is best for you.

Trizivir does not cure HIV infection or AIDS. Trizivir has not been studied long enough to know if it will help you live longer or have fewer of the medical problems that are associated with HIV infection or AIDS. Therefore, you must see your health care provider regularly.

Who should not take Trizivir?

Do not take Trizivir if you have ever had a serious allergic reaction (a hypersensitivity reaction) to any of the medicines that make up Trizivir, especially Ziagen (abacavir). If you have had such a reaction, return all of your unused Trizivir to your doctor or pharmacist.

Do not take Trizivir if you weigh less than 90 pounds.

How should I take Trizivir?

To help make sure that your anti-HIV therapy is as effective as possible, take your Trizivir exactly as your doctor prescribes it. Do not skip any doses.

The usual dosage is 1 tablet twice a day. You can take Trizivir with food or on an empty stomach.

If you miss a dose of Trizivir® (abacavir sulfate, lamivudine, and zidovudine), take the missed dose right away. Then, take the next dose at the usual scheduled time. Do not let your Trizivir run out. The amount of virus in your blood may increase if your anti-HIV drugs are stopped, even for a short time. Also, the virus in your body may become harder to treat.

What should I avoid while taking Trizivir?

Do not take Epivir, Retrovir, Combivir®, or Ziagen while taking Trizivir. These medicines are already in Trizivir.

Practice safe sex while using Trizivir. Do not use or share dirty needles. Trizivir does not reduce the risk of passing HIV to others through sexual contact or blood contamination.

Talk to your doctor if you are pregnant or if you become pregnant while taking Trizivir. Trizivir has not been studied in pregnant women. It is not known whether Trizivir will harm the unborn child.

Mothers with HIV should not breastfeed their babies because HIV is passed to the baby in breast milk. Also, Trizivir can be passed to babies in breast milk and could cause the child to have side effects.

What are the possible side effects of Trizivir?

Life-threatening allergic reaction. Trizivir contains abacavir, which is also called Ziagen. Abacavir has caused some people to have a life-threatening allergic reaction (hypersensitivity reaction) that can cause death. How to recognize a possible reaction and what to do are discussed in "What is the most important information I should know about Trizivir?" at the beginning of this Medication Guide.

Lactic acidosis and severe liver problems. The medicines in Trizivir can cause a serious condition called lactic acidosis and, in some cases, this condition can cause death. Nausea and tiredness that don't get better may be symptoms of lactic acidosis. Women are more likely than men to get this serious side effect.

Blood problems. Retrovir, one of the medicines in Trizivir, can cause serious blood cell problems. These include reduced numbers of white blood cells (neutropenia) and extremely reduced numbers of red blood cells (anemia). These blood cell problems are especially likely to happen in patients with advanced HIV disease or AIDS.

Your doctor should be checking your blood cell counts regularly while you are taking Trizivir. This is especially important if you have advanced HIV or AIDS. This is to make sure that any blood cell problems are found quickly.

Muscle weakness. Retrovir, one of the medicines in Trizivir, can cause muscle weakness. This can be a serious problem.

Other side effects. Trizivir can cause other side effects. The most common side effects of taking the medicines in Trizivir together are nausea, vomiting, diarrhea, loss of appetite, weakness or tiredness, headache, dizziness, pain or tingling of the hands or feet, and muscle and joint pain.

This listing of side effects is not complete. Your doctor or pharmacist can discuss with you a more complete list of side effects with Trizivir.

Ask a health care professional about any concerns about Trizivir. If you want more information, ask your doctor or pharmacist for the labeling for Trizivir that was written for health care professionals.

Do not use Trizivir for a condition for which it was not prescribed. Do not give Trizivir to other persons.

GlaxoWellcome

Glaxo Wellcome Inc.
Research Triangle Park, NC 27709

November 2000

MG-011

This Medication Guide has been approved by the US Food and Drug Administration.

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TRZ022R0

May 2001



YOUR FEEDBACK

009

Just a few words to say thank you for a beautifully put together magazine! Sometimes I think that people just forget about style or just don't care. Thank you for the style. I read the June issue from cover to cover and I was especially intrigued by Mr. Fullwood's article. My sincerest thanks for such a wonderful publication.

Holiday

Seattle, WA

I like the stories in ARISE, but I would like to see more personal inspiration stories. Stories of triumph. Reading about someone else's battles gives me inspiration and energy to conquer my own.

Michelle Townsend

California City, CA

Love the photos in the August issue. One question—Who's that Lady?

Brenda McKennon

Atlanta, GA



FAUX PAS

ARISE Magazine would like to correct an error in our July issue. We had the pleasure of featuring an editorial by Mr. Cleo Manago, President and CEO of the AMASSI Center in Los Angeles, California. ARISE Magazine inadvertently omitted Mr. Manago's biography and photo from the Contributor's Page. We apologize for this inconvenience and recognize Mr. Manago's contribution to this publication.

Action!

Unity Fellowship Church Movement

*8th Annual
National Spiritual Convocation
Sept. 30 to Oct. 7, 2001*

Wholeness and Wellness Workshops

Healthy Living with HIV/AIDS

Wholistic Therapies: Balancing Mind, Body and Spirit

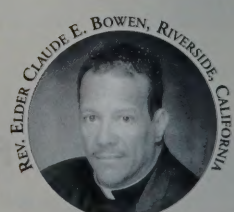
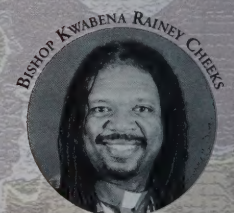
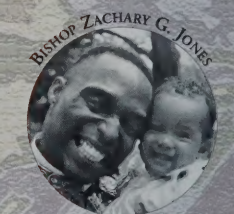
Say, Sistah! Empowerment: Rethink How and When You Have Sex
Addictions, Recovery and Spirituality

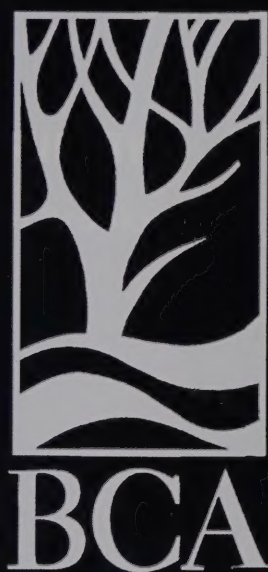
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New Logo

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Same Commitment



The Black Coalition on AIDS

Building a Healthy Black Community

Founded in 1986, BCA is one of the oldest organizations in the nation dedicated to stopping the spread of HIV/AIDS in the Black community

BCA offers the following programs & services to meet the needs of our clients:

Rafiki Housing Program
3 Street Project
Health Services
Youth Program
Transgender Project
Men's Services

For
information
visit BCA Online:
www.bcoa.org
bcoa@bcoa.org

You can't just sit there and wait for people to give you that golden dream, you've got to get out there and make it happen for yourself.

Diana Ross—Entertainer

As long as I can remember, my parents declared the value of owning a home to my four brothers, two sisters and me. It was as though they sought to sew seeds in our hearts. I know first hand the intense desire that comes with wanting to call a piece of land my own, and the structure that sits on its surface my home.

I have learned that something profoundly powerful happens in life when we pronounce with words what it is that we desire.

I want to be a home owner.

There, I said it. And while that may be a strange declaration to some, the reality is that for many people, home ownership has proven elusive. But, we are no less convinced that with diligence, planning and decisive action the dream is attainable. Recent studies are encouraging, showing that more African Americans now than at any other time in history are purchasing homes. The seeds that have been planted are bearing fruit.

This month ARISE celebrates the dream of home ownership. We present the story of two men who are committed to literally "building" community, with photographs of their stylish homes by Sean Drakes. A new volume of photography entitled *In Our Own Image* reminds us of our longstanding heritage of home ownership replete with love, laughter, family, Sunday afternoon dinners and lots of friends.

Howard Buford, founder and CEO of Prime Access, an advertising firm with expertise in marketing specifically to the African-American, Latino and gay/lesbian market reminds us of the true value of diversity, and the wisdom of pursuing one's personal dream.

Whatever the content of your dream, this issue is dedicated to the vision, tenacity and boldness that come with stepping out and declaring "I'm going for it." Let nothing deter you. Our history reminds us when we are determined and committed to a dream, we become an indomitable force.



MacArthur H. Jones

LIBATION TO THE ELDERS

A SONG IN THE FRONT YARD

Gwendolyn Brooks

I've stayed in the front yard all my life.

I want a peek at the back

Where it's rough and untended

and hungry weed grows.

A girl gets sick of a rose.

I want to go in the back yard now

And maybe down the alley,

To where the charity children play.

I want a good time today.

They do some wonderful things.

They have some wonderful fun.

My mother sneers, but I say it's fine

How they don't have to go in at a quarter to nine.

My mother she tells me that Johnnie Mae

Will grow up to be a bad woman.

That George'll be taken to jail soon or late.

(On account of last winter he sold our back gate).

But I say it's fine. Honest I do.

And I'd like to be a bad woman, too,

And wear the brave stockings of night-black lace.

And strut down the street with paint on my face.



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The median cost of a single family house.

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7700 Edgewater Drive 510-567-0109 - Fax

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Oakland, CA 94621 www.miracleworks4me.com

Ms. PJ Rhae, Owner/Broker

*estimates retrieve from 2001 2nd quarterly report

future trust reason commitment control control
determination concern action action
life life reason reason
life action action
life

**Because taking care of
everyone I love means
taking care of myself first.**

It's Time To Plan Your Future With VIRACEPT®.

Because it's strong and effective. Keep your viral load down with the #1 prescribed HIV medication of its kind.* VIRACEPT works with you to keep your life on track.

Because it's easy to live with. VIRACEPT's easy dosing schedule and manageable side effects have been helping all kinds of people continue to lead their lives on their own terms.

Because it saves future options. When choosing a treatment plan, it's important to consider what options you will have in the future. Studies show taking VIRACEPT early on leaves you with choices in treatment for later. Ask your doctor about your future with VIRACEPT.

VIRACEPT®
nelfinavir mesylate
tablets and oral powder

VIRACEPT is indicated in combination with other antiretroviral agents for the treatment of HIV infection. The most common side effect of VIRACEPT is diarrhea, which can usually be controlled with over-the-counter treatments. Some prescription and non-prescription drugs and supplements should not be taken with VIRACEPT, so talk to your doctor first. For some people, protease inhibitors have been associated with the onset or worsening of diabetes mellitus and hyperglycemia, changes in body fat, and increased bleeding in hemophiliacs. **HIV drugs do not cure HIV infection or prevent you from spreading the virus.**

Refer to the important information on the next page. For more information, call toll free 1-888-VIRACEPT or visit www.viracept.com.

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Agouron®
Pharmaceuticals, Inc.
A Pfizer Company



VIRACEPT® (nelfinavir mesylate)

Tablets and Oral Powder

Information for Patients

about VIRACEPT® (VI-ra-cept)
Generic Name: nelfinavir (nel-FIN-na-veer) mesylate

For the Treatment of Human
Immunodeficiency Virus (HIV) Infection

Please read this information carefully before taking VIRACEPT. Also, please read this leaflet each time you renew the prescription, just in case anything has changed. This is a summary and not a replacement for a careful discussion with your doctor. You and your doctor should discuss VIRACEPT when you start taking this medication and at regular checkups. You should remain under a doctor's care when taking VIRACEPT and should not change or stop treatment without first talking with your doctor.

Alert: Find out about medicines that should NOT be taken with VIRACEPT. Please also read the section "MEDICINES YOU SHOULD NOT TAKE WITH VIRACEPT".

WHAT IS VIRACEPT AND HOW DOES IT WORK?

VIRACEPT is used in combination with other antiretroviral drugs in the treatment of people with human immunodeficiency virus (HIV) infection. Infection with HIV leads to the destruction of CD4 T cells, which are important to the immune system. After a large number of CD4 cells have been destroyed, the infected person develops acquired immune deficiency syndrome (AIDS).

VIRACEPT works by blocking HIV protease (a protein-cutting enzyme), which is required for HIV to multiply. VIRACEPT has been shown to significantly reduce the amount of HIV in the blood. Although VIRACEPT is not a cure for HIV or AIDS, VIRACEPT can help reduce your risk for death and illness associated with HIV. Patients who took VIRACEPT also had significant increases in the number of CD4 cell count.

VIRACEPT should be taken together with other antiretroviral drugs such as Retrovir® (zidovudine, AZT), Epiriv® (lamivudine, 3TC), or Zerit® (stavudine, d4T). Taking VIRACEPT in combination with other antiretroviral drugs reduces the amount of HIV in the body (viral load) and raises CD4 counts.

VIRACEPT may be taken by adults, adolescents, and children 2 years of age or older. Studies in infants younger than 2 years of age are now taking place.

DOES VIRACEPT CURE HIV OR AIDS?

VIRACEPT is not a cure for HIV infection or AIDS. People taking VIRACEPT may still develop opportunistic infections or other conditions associated with HIV infection. Some of these conditions are pneumonia, herpes virus infections, *Mycobacterium avium* complex (MAC) infections, and Kaposi's sarcoma.

There is no proof that VIRACEPT can reduce the risk of transmitting HIV to others through sexual contact or blood contamination.

WHO SHOULD OR SHOULD NOT TAKE VIRACEPT?

Together with your doctor, you need to decide whether VIRACEPT is appropriate for you. In making your decision, the following should be considered:

Allergies: If you have had a serious allergic reaction to VIRACEPT, you must not take VIRACEPT. You should also inform your doctor, nurse, or pharmacist of any known allergies to substances such as other medicines, foods, preservatives, or dyes.

If you are pregnant: The effects of VIRACEPT on pregnant women or their unborn babies are not known. If you are pregnant or plan to become pregnant, you should tell your doctor before taking VIRACEPT.

If you are breast-feeding: You should discuss with your doctor the best way to feed your baby. You should be aware that if your baby does not already have HIV, there is a chance that it can be transmitted through breast-feeding.

Women should not breast-feed if they have HIV.

Children: VIRACEPT is available for the treatment of children 2 through 13 years of age with HIV. There is a powder form of VIRACEPT that can be mixed with milk, baby formula, or foods like pudding. Instructions on how to take VIRACEPT powder can be found in a later section that discusses how VIRACEPT Oral Powder should be prepared.

If you have liver disease: VIRACEPT has not been studied in people with liver disease. If you have liver disease, you should tell your doctor before taking VIRACEPT.

Other medical problems: Certain medical problems may affect the use of VIRACEPT. Some people taking protease inhibitors have developed new or more serious diabetes or high blood sugar. Some people with hemophilia have had increased bleeding. It is not known whether the protease inhibitors caused these problems. Be sure to tell your doctor if you have hemophilia types A and B, diabetes mellitus, or an increase in thirst and/or frequent urination.

Changes in body fat have been seen in some patients taking protease inhibitors. These changes may include increased amount of fat in the upper back and neck ("buffalo hump"), breast, and around the trunk. Loss of fat from the face, legs and arms may also happen. The cause and long-term health effects of these conditions are not known at this time.

CAN VIRACEPT BE TAKEN WITH OTHER MEDICATIONS?

VIRACEPT may interact with other drugs, including those you take without a prescription. You must discuss with your doctor any drugs that you are taking or are planning to take before you take VIRACEPT.

Medicines you should not take with VIRACEPT:

Propulsid® (cisapride, for heartburn)

Cordaron® (amiodarone, for irregular heartbeat)

Quinidine (for irregular heartbeat), also known as Quinaglute®, Cardioquin®, Quinidex®, and others

Ergot derivatives (Cafergot® and others, for migraine headache)

Halcion® (triazolam)

Versed® (midazolam)

Mevacor® (lovastatin, for cholesterol lowering)

Zocor® (simvastatin, for cholesterol lowering)

Taking the above drugs with VIRACEPT may cause serious and/or life-threatening adverse events.

Rifampin® (for tuberculosis), also known as Rimactane®, Rifadin®, Rifater®, or Rifamate®
This drug reduces blood levels of VIRACEPT.

Dose reduction required if you take VIRACEPT with: Mycobutin® (rifabutin, for MAC); you will need to take a lower dose of Mycobutin.

A change of therapy should be considered if you are taking VIRACEPT with:

Phenobarbital

Phenytoin (Dilantin® and others)

Carbamazepine (Tegretol® and others)

These agents may reduce the amount of VIRACEPT in your blood and make it less effective.

Oral contraceptives ("the pill")

If you are taking the pill to prevent pregnancy, you should use a different type of contraception since VIRACEPT may reduce the effectiveness of oral contraceptives.

Special considerations

Before you take Viagra® (sildenafil) with VIRACEPT, talk to your doctor about possible drug interactions and side effects. If you take Viagra and VIRACEPT together, you may be at increased risk of side effects of Viagra such as low blood pressure, visual changes, and penile erection lasting more than 4 hours. If an erection lasts longer than 4 hours, you should seek immediate medical assistance to avoid permanent damage to your penis. Your doctor can explain these symptoms to you.

It is not recommended to take VIRACEPT with the cholesterol-lowering drugs Mevacor® (lovastatin) or Zocor® (simvastatin) because of possible drug interactions. There is also an increased risk of drug interactions between VIRACEPT and Lipitor® (atorvastatin) and Baycol® (cerivastatin); talk to your doctor before you take either of these cholesterol reducing drugs with VIRACEPT.

Taking St. John's wort (hypericum perforatum), an herbal product sold as a dietary supplement, or products containing St. John's wort with VIRACEPT is not recommended. Talk with your doctor if you are taking or are planning to take St. John's wort. Taking St. John's wort may decrease VIRACEPT levels and lead to increased viral load and possible resistance to VIRACEPT or cross resistance to other antiretroviral drugs.

HOW SHOULD VIRACEPT BE TAKEN WITH OTHER ANTI-HIV DRUGS?

Taking VIRACEPT together with other anti-HIV drugs increases their ability to fight the virus. It also reduces the opportunity for resistant viruses to grow. Based on your history of taking other anti-HIV medicine, your doctor will direct you on how to take VIRACEPT and other anti-HIV medicines. These drugs should be taken in a certain order or at specific times. This will depend on how many times a day each medicine should be taken. It will also depend on whether it should be taken with or without food.

Nucleoside analogues: No drug interaction problems were seen when VIRACEPT was given with:

Retrovir (zidovudine, AZT)

Epiriv (lamivudine, 3TC)

Zerit (stavudine, d4T)

Videx® (didanosine, ddl)

If you are taking both Videx (ddl) and VIRACEPT:

Videx should be taken without food, on an empty stomach. Therefore, you should take VIRACEPT with food one hour after or more than two hours before you take Videx.

Nonnucleoside reverse transcriptase inhibitors (NNRTIs):

When VIRACEPT is taken together with:

Viramune® (nevirapine)

The amount of VIRACEPT in your blood is unchanged. A dose adjustment is not needed when VIRACEPT is used with Viramune.

Sustiva™ (efavirenz)

The amount of VIRACEPT in your blood may be increased. A dose adjustment is not needed when VIRACEPT is used with Sustiva.

Other NNRTIs

VIRACEPT has not been studied with other NNRTIs.

Other protease inhibitors:

When VIRACEPT is taken together with:

Crixivan® (indinavir)

The amount of both drugs in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

Norvir™ (ritonavir)

The amount of VIRACEPT in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

Invirase® (saquinavir)

The amount of saquinavir in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

WHAT ARE THE SIDE EFFECTS OF VIRACEPT?

Like all medicines, VIRACEPT can cause side effects. Most of the side effects experienced with VIRACEPT have been mild to moderate. Diarrhea is the most common side effect in people taking VIRACEPT, and most adult patients had at least mild diarrhea at some point during treatment. In clinical studies, about 15-20% of patients receiving VIRACEPT 750 mg (three tablets) three times daily or 1250 mg (five tablets) two times daily had four or more loose stools a day. In most cases, diarrhea can be controlled using antidiarrheal medicines, such as Imodium® A-D (loperamide) and others, which are available without a prescription.

Other side effects that occurred in 2% or more of patients receiving VIRACEPT include nausea, gas and rash.

There were other side effects noted in clinical studies that occurred in less than 2% of patients receiving VIRACEPT. However, these side effects may have been due to other drugs that patients were taking or to the illness itself. Except for diarrhea, there were not many differences in side effects in patients who took VIRACEPT along with other drugs compared with those who took only the other drugs. For a complete list of side effects, ask your doctor, nurse, or pharmacist.

HOW SHOULD I TAKE VIRACEPT?

VIRACEPT is available only with your doctor's prescription. Your doctor may prescribe the light blue VIRACEPT Tablets either as 1250 mg (five tablets) taken two times a day or as 750 mg (three tablets) taken three times a day. VIRACEPT should always be taken with a meal or a light snack. VIRACEPT tablets are film-coated to help make the tablets easier to swallow.

Take VIRACEPT exactly as directed by your doctor. Do not increase or decrease any dose or the number of doses per day. Also, take this medicine for the exact period of time that your doctor has instructed. **Do not stop taking VIRACEPT without first consulting with your doctor, even if you are feeling better.**

Only take medicine that has been prescribed specifically for you. Do not give VIRACEPT to others or take medicine prescribed for someone else.

The dosing of VIRACEPT may be different for you than for other patients. **Follow the directions from your doctor, exactly as written on the label.** The amount of VIRACEPT in the blood should remain somewhat consistent over time. Missing doses will cause the concentration of VIRACEPT to decrease; therefore, **you should not miss any doses.** However, if you miss a dose, you should take the dose as soon as possible and then take your next scheduled dose and future doses as originally scheduled.

Dosing in adults (including children 14 years of age and older)

The recommended adult dose of VIRACEPT is 1250 mg (five tablets) taken two times a day or 750 mg (three tablets) taken three times a day. Each dose should be taken with a meal or light snack.

Dosing in children 2 to 13 years of age

The VIRACEPT dose in children depends on their weight. The recommended dose is 20 to 30 mg/kg (or 9 to 14 mg/pound) per dose, taken three times daily with a meal or light snack. This can be administered either in tablet form or, in children unable to take tablets, as VIRACEPT Oral Powder.

Dose instructions will be provided by the child's doctor. The dose will be given three times daily using the measuring scoop provided, a measuring teaspoon, or one or more tablets depending on the weight and age of the child. The amount of oral powder or tablets to be given to a child is described in the chart below.

Pediatric Dose to Be Administered Three Times Daily				
Body Weight Kg	Body Weight Lb	Number of Level Scoops*	Number of Level Teaspoons†	Number of Tablets
7 to <8.5	15.5 to <18.5	4	1	—
8.5 to <10.5	18.5 to <23	5	1 1/4	—
10.5 to <12	23 to <26.5	6	1 1/2	—
12 to <14	26.5 to <31	7	1 3/4	—
14 to <16	31 to <35	8	2	—
16 to <18	35 to <39.5	9	2 1/4	—
18 to <23	39.5 to <50.5	10	2 1/2	2
≥23	≥50.5	15	3 3/4	3

In measuring oral powder, the scoop or teaspoon should be level.

* 1 level scoop contains 50 mg of VIRACEPT. Use only the scoop provided with your VIRACEPT bottle.

† 1 level teaspoon contains 200 mg of VIRACEPT. Note: **A measuring teaspoon used for dispensing medication** should be used for measuring VIRACEPT Oral Powder. Ask your pharmacist to make sure you have a medication dispensing teaspoon.

How should VIRACEPT Oral Powder be prepared?

The oral powder may be mixed with a small amount of water, milk, formula, soy formula, soy milk, dietary supplements, or dairy foods such as pudding or ice cream. Once mixed, the entire amount must be taken to obtain the full dose.

Do not mix the powder with any acidic food or juice, such as orange or grapefruit juice, apple juice, or apple sauce, because this may create a bitter taste.

Once the powder is mixed, it may be stored at room temperature or refrigerated for up to 6 hours. **Do not** heat the mixed dose once it has been prepared.

Do not add water to bottles of oral powder.

VIRACEPT powder is supplied with a scoop for measuring. For help in determining the exact dose of powder for your child, please ask your doctor, nurse, or pharmacist.

VIRACEPT Oral Powder contains aspartame, a low-calorie sweetener, and therefore should not be taken by children with phenylketonuria (PKU).

HOW SHOULD VIRACEPT BE STORED?

Keep VIRACEPT and all other medicines out of the reach of children. Keep bottle closed and store at room temperature (between 59°F and 86°F) away from sources of moisture such as a sink or other damp place. Heat and moisture may reduce the effectiveness of VIRACEPT.

Do not keep medicine that is out of date or that you no longer need. Be sure that if you throw any medicine away, it is out of the reach of children.

Discuss all questions about your health with your doctor. If you have questions about VIRACEPT or any other medication you are taking, ask your doctor, nurse, or pharmacist. You can also call 1.888.VIRACEPT (1.888.847.2237) toll free.

Call 1.888.VIRACEPT

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INTERIORS

017

COMMUNITY BUILDING

TRANSFORMING NEIGHBORHOODS
THROUGH HOMEBUYING



Wesly Tann

Community building comes in many forms. One of the surest ways to invest in a community is to locate your next or first home in a neighborhood considered past its prime. Our homes are as unique and personal as our signatures. They are for many that distinct place of safety, respite and comfort. For some, the home is a show place to exhibit those spectacular finds while traversing the globe. So then what better way to show our love for a community, while making a wise financial investment than to situate our homes there.

While many folks wait to find that ideal property "in the hills" or that "upscale" district of town, opportunity awaits those individuals that are willing to make a nominal investment at this very moment.



Photo © 2001 Scott Drake/BlueVango

BOOK REVIEW



Arnie Pinnix

There are those visionary individuals that can see a diamond in the rough. Restoration is no joke and clearly not for the faint of heart. Restoring homes requires patience, commitment, a willingness to expend some sweat equity and above anything else a vision.

Armed with a plan, the owner of a fixer-upper can bring to life a home that has more character than any new development can ever hope to possess. While these gems are growing increasingly rare, they are more accessible than you might think. Often local housing authorities are looking for homebuyers that have the willingness to invest in a piece a property that can be available far below fair market value of similar properties located just minutes from that local community.



Photo © 2001 Sean Drake/Blue Mango



Photo © 2001 Sean Dokes/Blue Mango

When considering buying a home, a diamond in the rough, a fixer upper or what ever you choose to call your new domicile may very well be your best investment. Such an investment can yield greater value for your dollar. There is an unparalleled joy of knowing that you have accomplished more than bringing economic power to the local community, you'll remind all those that pass by that love, labor and laughter can bring about new life in all things. 🍀



Photo © 2001 Sean Dokes/Blue Mango

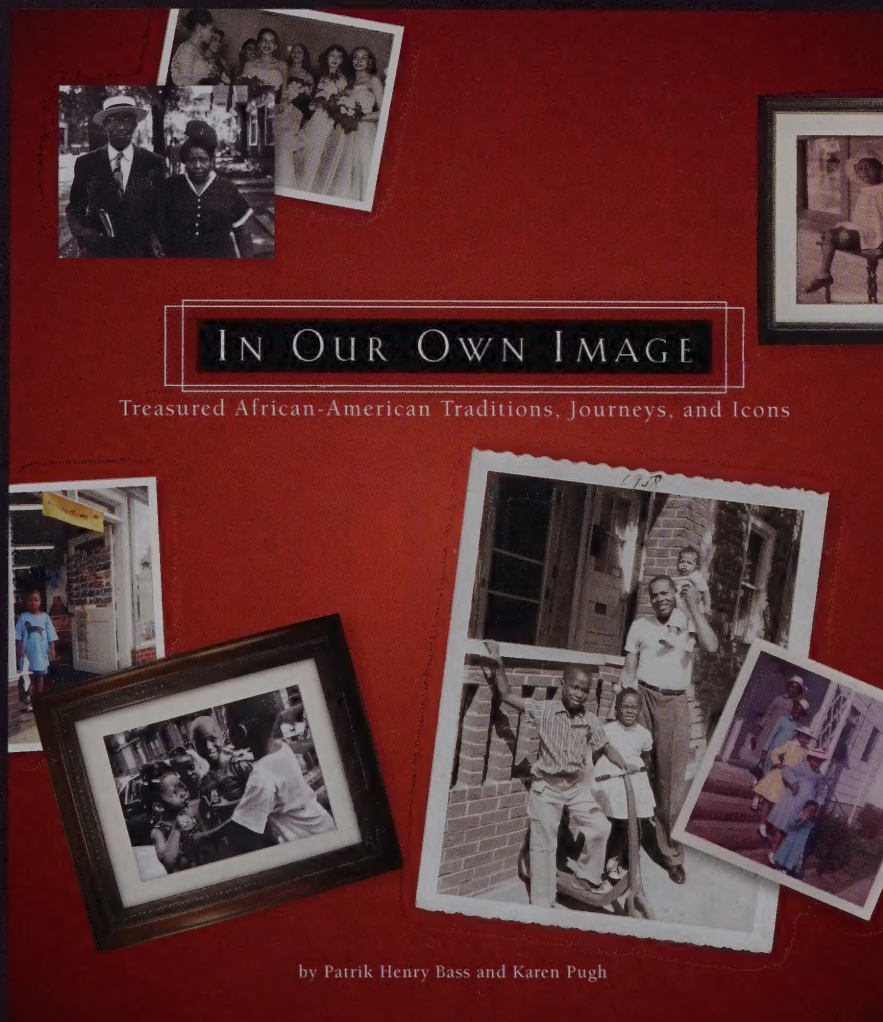
Book review:

IN OUR OWN IMAGE:

TREASURED AFRICAN-AMERICAN TRADITIONS, JOURNEYS AND ICONS

Patrik Henry Bass and Karen Pugh

In Our Own Image is an elegant, lavishly illustrated and eloquently written narrative photo book chronicling the black community from the postwar period to the present. Weaving social, cultural and historical reminiscences and memories, it brilliantly illuminates enduring African-American traditions and ceremonies. **In Our Own Image** features more than three hundred photographs and memorabilia of family reunions, worship and funeral services, weddings, leisure activities, dazzling nightlife scenes, cotillions, work, civic duty and home life.



In *Our Own Image* is an extraordinary visual document of black life as seen through the lenses of well-known photographers and the eyes of African Americans who have reached into their shoeboxes and scrapbooks to reveal unforgettable portraits of grace, love and pride.

In this celebration of a shared cultural identity, the authors have combined personal archives with visual materials from university and museum collections in Atlanta, Chicago, Detroit, Los Angeles, Minneapolis, among others, into a warm, loving record of the black experience and the American Dream. This moving and memorable slice of American life has seldom been seen ... until now.



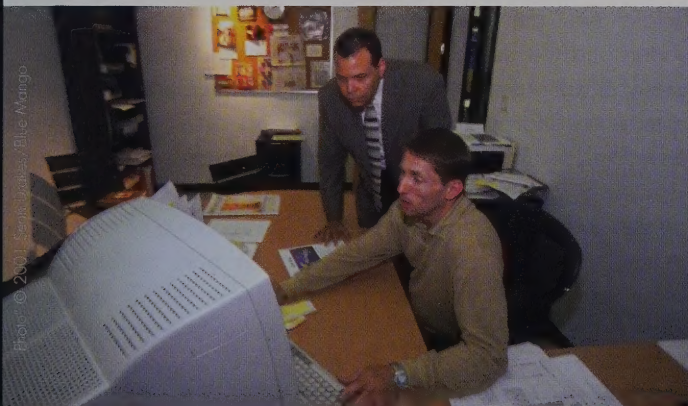
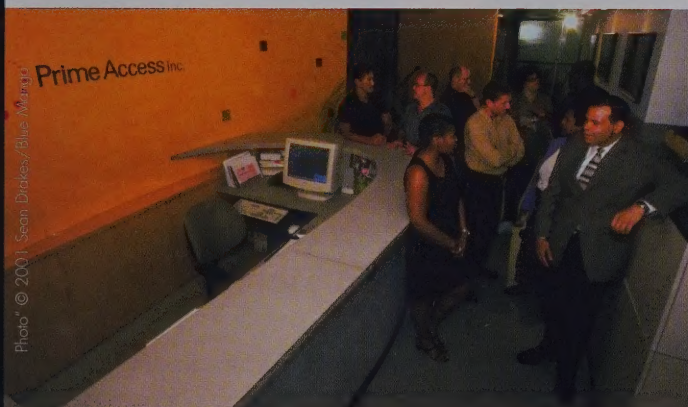
Patrik Henry Bass is books editor of *Essence*, and has written and edited for several publications including the *New York Times*, the *Washington Post*, and *Entertainment Weekly*.

Karen Pugh, who was the first African-American Creative Director of the Polo/Ralph Lauren Women's Design team, is a well-known artist and photographer who has designed and illustrated for Revlon, Old Navy, The Limited and Celine in Paris.



CONTINUED FROM PG. 060

ACCESS FOR EVERYONE



Howard Buford, Founder and CEO

023

Access is everything. To have Prime Access is the penultimate. African Americans, Latinos and gay/lesbian communities at the very least share one common sentiment—all too often they have not had access. Howard Buford, founder and CEO of Prime Access, recognizes in his astute observation of the marketing and advertising world, that these communities not only desired but also deserved a fair representation in the media to address their particular needs. Hence, Prime Access—a full service marketing and advertising firm was born in 1990.



Prime Access Inc.

ADVERTISING & DIRECT MARKETING

"I recognized early on that while many companies had excellent products they lacked an understanding of how to introduce their products to certain markets. This was particularly true of the African-American, Latino and gay/lesbian communities. Simply because a product is of value does not necessarily mean that the client will purchase it. Companies must help the consumer understand how that particular product relates to them and their life. That is what we attempt to do at Prime Access—build that link," says Buford.

Buford attended Harvard Business School and earned a master's degree in Business Administration. Prior to founding Prime Access, Buford served as Vice President and Group Account Director at UniWorld Group where he oversaw advertising and public relations for Eastman Kodak Company and Colgate Palmolive.

Among Prime Access' high-powered clientele are AT&T, American Express, Merck & Company, NetNoir.com, People with AIDS Coalition of New York, Rémy Martin, Showtime Networks/Viacom, Time, Inc., and J.P. Morgan Chase & Co. to name but a few.

ARISE FEEL THE POWER

"It was sufficient to run mainstream advertisement in a gay publication to capture the attention of the market. Today with more marketers vying for the gay consumer dollar the bar has been raised. Gay consumers now expect advertisers to address them for who they are directly and openly."

**—Howard Buford,
Founder and CEO, Prime Access**

According to Prime Access, African Americans make up twelve percent of the population, Latinos ten percent and gays and lesbians between eight and ten percent. These figures overlap, as these groups are not mutually exclusive. In total, this consumer marketplace comprises some twelve million ethnically diverse consumers who spend 250 to 350 billion dollars annually.

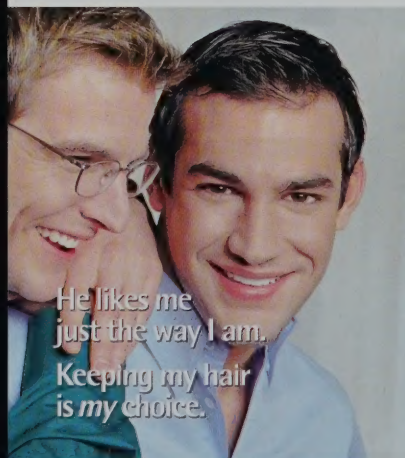
"It was sufficient to run mainstream advertisement in a gay publication to capture the attention of the market. Today with more marketers vying for the gay consumer dollar the bar has been raised. Gay consumers now expect advertisers to address them for who they are directly and openly," noted Buford.

queer
asfolk

SHOWTIME

Prime Access is regarded as a niche marketing expert particularly for the African-American, Latino and gay/lesbian markets. Relationships and trust are the defining principles for bringing together consumers and the business community.

Buford has amassed a team of creative individuals that understand the needs of the various communities they serve. Their campaigns aim to capture the inherent value of a specific community and integrate its cultural aesthetics into the actual ad. The result has been client satisfaction and, more importantly, increased product sales.



We make lots of decisions together.
But some choices I make for me.
That's why I use PROPECIA.

PROPECIA is the first and only FDA-approved pill proven to treat male pattern hair loss on the vertex (top of the head) and anterior mid-scalp area in men.

THE EVIDENCE:

Propecia is the first and only FDA-approved pill proven to treat male pattern hair loss on the vertex (top of the head) and anterior mid-scalp area in men.

THE MOST COMMON SIDE EFFECTS:

Propecia is the first and only FDA-approved pill proven to treat male pattern hair loss on the vertex (top of the head) and anterior mid-scalp area in men.

IMPORTANT SAFETY INFORMATION YOU SHOULD KNOW:

Propecia is the first and only FDA-approved pill proven to treat male pattern hair loss on the vertex (top of the head) and anterior mid-scalp area in men.

WHEN YOU COULD SEE RESULTS:

Propecia is the first and only FDA-approved pill proven to treat male pattern hair loss on the vertex (top of the head) and anterior mid-scalp area in men.

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One such example is an American Express Financial Advisors campaign targeting gay and lesbian couples needing help with financial planning. The initial direct mailing was followed up with targeted invitations to financial planning seminars. According to a marketing manager with American Express the direct mailing in a narrowly scoped market test resulted in excess of 2,000 responses with close to sixty-five percent of attendees requesting to meet with an American Express financial advisor.

In looking toward the future, Buford is optimistic. "I believe companies are increasingly becoming aware of the value of specific communities. Our economy demands that we regard everyone with respect, which is exactly what we do through our full-service approach. As I look to the future, I envision growth among many communities but particular to the African-American, Latino and gay/lesbian markets. I am convinced that the bright marketing executive will look beyond the horizon and see the opportunities that exist in building relationships with these burgeoning communities."



While CEOs and their teams across this country try to discern the direction of the nation's economy it is clear that the niche markets served through Prime Access share a common value. They are brand loyal. Once a relationship has been initiated between the consumer and the brand, the product is usually held in high regard. This points to the value these particular consumers place on relationships. And so it is with Prime Access, a company committed to building relationships based on mutual respect and integrity. 

In the battle against HIV,

If you're HIV+, you know the feeling.
 It's not just about taking a pill every day. It's about staying on top of your health and your mind. It's about maintaining the status.

With the strongest HIV drug,
 CRUXIVAN, you can stay on top of your health and your mind. It's about staying on top of your health and your mind. It's about maintaining the status.

CRUXIVAN significantly decreases viral load
 and improves CD4 counts.

CRUXIVAN's powerful protease inhibitor works through a unique mechanism to block the HIV virus from multiplying. It's the most powerful HIV drug available. It's the most powerful HIV drug available. It's the most powerful HIV drug available.

CRUXIVAN has been shown to significantly improve CD4 counts
 and reduce the risk of opportunistic infections. It's the most powerful HIV drug available. It's the most powerful HIV drug available. It's the most powerful HIV drug available.

there's a change in outlook.

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CRUXIVAN has been shown to significantly improve CD4 counts
 and reduce the risk of opportunistic infections. It's the most powerful HIV drug available. It's the most powerful HIV drug available. It's the most powerful HIV drug available.

Every day is an opportunity to fight back.
 CRUXIVAN's powerful protease inhibitor works through a unique mechanism to block the HIV virus from multiplying. It's the most powerful HIV drug available. It's the most powerful HIV drug available. It's the most powerful HIV drug available.

Remember, CRUXIVAN's powerful protease inhibitor works through a unique mechanism to block the HIV virus from multiplying. It's the most powerful HIV drug available. It's the most powerful HIV drug available. It's the most powerful HIV drug available.

Remember to ask your doctor about CRUXIVAN.

CRUXIVAN
 THE NEW STEP
 FORWARD

Focus on the rest of your life.

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A LOVE LETTER TO YOUNG SAME-GENDER-LOVING (SGL), DOWN-LOW, HOMO-THUG, HOMIE-SEXUAL, BISEXUAL AND AT-RISK GAY IDENTIFYING BLACK BROTHERS

Imagine a world without you, without your love, your magic, your vibe, intelligence and the unique gifts only you bring?

Apparently many of you **can** imagine this. You are dying of preventable conditions like HIV/AIDS, and premature death from HIV infection, many putting your lives at-risk daily

But whose responsibility is it to prevent this? Of course no one can make you protect your self That ultimately must be your decision.

Unfortunately it's true that you have had so few role models, so few Black males with the strength and clarity to advocate for you in ways that still affirm you as Black. Most approaches to educating you have been too "gay."

Unfortunately your community experiences confusion, still reeling from a legacy of social injustice, Christian religious persecution, and system-wide racism now so normal we don't even recognize when we are being disrespected. As a result, we often disrespect ourselves.

You have few places to go and embrace yourselves as Black same-gender-loving (SGL) and bisexual young Brothers. Under these circumstances who could blame you for being too distracted to consistently practice safer sex, or to make sacred your sexuality and capacity to love and respect yourself or another Brother?

So, It's Now Time To Step Up.

The solutions are in your hands.

Come chill, kick-it, engage, dance, eat and co-create a healthy and affirming place for you and your young Black Brothers. At YBX.

For Brothers 17 to 29. Get More Info at 310.419.1961

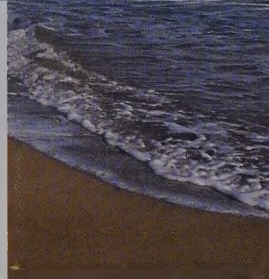
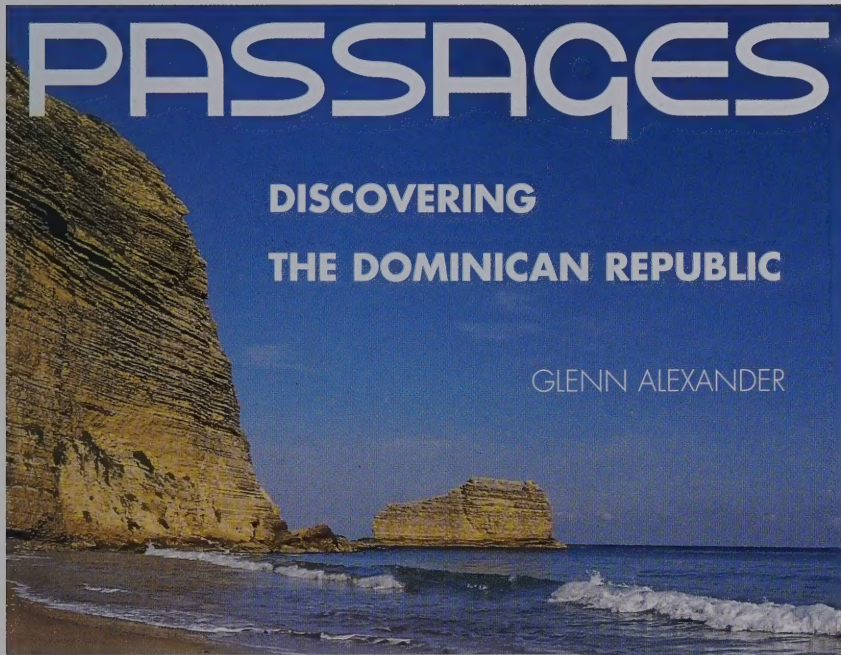
Brothers
Xchange
don't

Photo by Ron Singleton
From The Million Man March

PASSAGES

DISCOVERING THE DOMINICAN REPUBLIC

GLENN ALEXANDER



Whether you are an adventure seeking sports aficionado, a high roller or an aspiring beach bum, the various destinations of the Dominican Republic will surely lure you to this captivating island again and again.

The Dominican Republic occupies the eastern two-thirds of the island of Hispaniola in the Greater Antilles (Haiti is on the other side of its mountainous western border). Its northern coast is on the Atlantic Ocean and its southern coastline is washed by the Caribbean Sea. Hispaniola's neighbors on the west are the islands of Cuba and Jamaica. To the east, across the Mona Passage, is Puerto Rico.

The most popular tourist destination on the island is Santo Domingo. Founded in 1496, it is the oldest city in the New World. Today, this capital city's population totals more than three million.

It is here, in the city's colonial district, that you will find the Calle Las Damas, the beautiful Malecón, a vibrant seafront overlooking the waters of the Caribbean Sea, and the Alcázar de Colón, a grandiose and majestic palace that was constructed in 1510. In the expansive plaza, framed by the Palace of Columbus, the Museo de las Casas Reales and the quaint seventeenth



century sundial, the sidewalk cafes come alive after dusk and provide a rendezvous for locals and visitors alike.

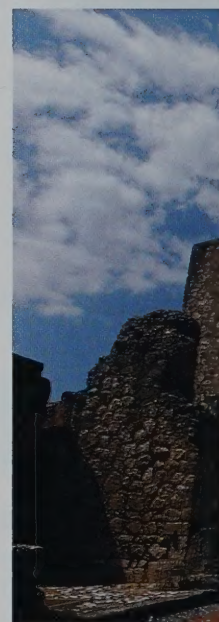
From the center of the colonial district, the city extends eastward and westward and radiates into broad avenues that unite modern sophistication and Old World charm. This throbbing metropolis will seduce all with superb dining, exciting nightlife and world-class shopping. Don't be surprised to find that Dominicans dine late. Crowds usually pick up after nine o'clock!

When the sun goes down, the city lights up. The pulsating rhythms of salsa and merengue keep everyone dancing all night long. Santo Domingo is well known for its party scene with its scores of upscale nightclubs, bars and discos that don't close their doors until dawn.

To fully absorb the beauty of the island you must explore, so rent a car and take a drive from the streets of Santo Domingo to the beautiful beaches of Puerto Plata. Puerto Plata is the largest city on the north coast and offers tourists more than six miles of golden sand beaches. This fabulous beach town is a wonderful escape from stress. Bring your beach towels and be prepared to sit back on the beach and relax.



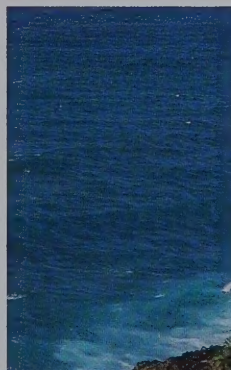
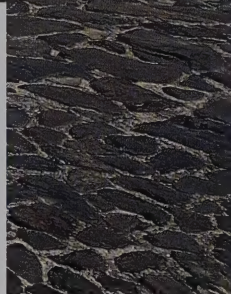
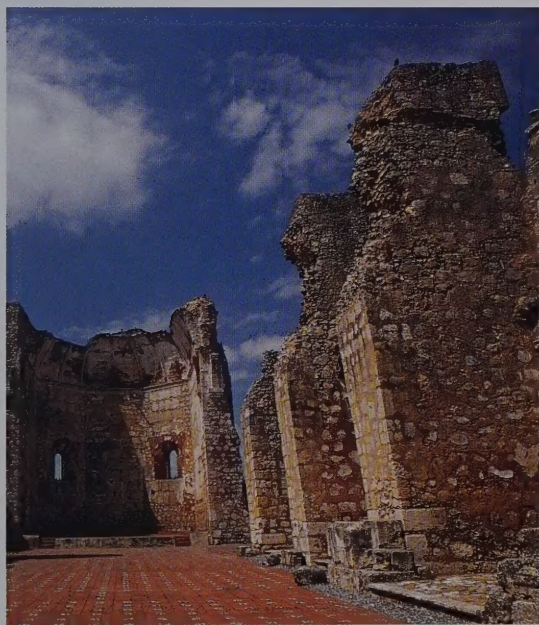
Puerto Plata's picturesque streets are also a terrific place to shop. While in town, you might want to explore Puerto Plata's extraordinary Amber Museum, the Brugal Rum Factory (yes, they provide free samples!) and stroll the length of the Malecón, a lively seaside boulevard.



Remember that the DR, as it is notably referred to, is a multicultural, multiracial society of Spanish predominance. Spanish is the official language, but English is widely spoken because of tourism. You will also notice the heavy influence of African culture and tradition in everyday life.

The DR offers much more, such as the whale watching experience that you will find off the coast of Samaná. Thousands of humpbacks migrate here to mate each year from January to February.

Samaná's Silver Bank is also a popular playground for pilot whales and bottlenose, spotted and spinner



dolphins. This region's magnificent ecological corridor is the country's most exotic destination.

Then there is Cabarete situated along DR's Amber Coast. Located between a bay and a lagoon, Cabarete is a windsurfer's paradise with its glorious trade winds. Annually during Cabarete Race Week, the city hosts the world cup for amateur competitors from around the world in mid-June, when the waves and winds are best.

Home to the annual Dominican Jazz Festival in October, Cabarete plays host to world-famous musicians like Arturo Sandoval, Manny Oquendo and many more. Great food and local goods can be found throughout the city. This laid-back town is a favorite summer resort for visitors from around the globe.

Hotels and resorts are a good bargain for the U.S. dollar and the DR offers some of the best accommodations. My personal choice would be Casa de Campo in La Romana. Amidst miles and miles of expansive sugar cane fields lies La Romana. You can't miss the sweet smell of molasses that fills the air. It is here that you'll find Casa de Campo, the Caribbean's most luxurious resort, often regarded as one of the world's best.

With its elegant guestrooms and private villas, Casa de Campo will make every guest feel special and pampered. It is truly paradise. Most of the rooms overlook the championship golf course or the tropical gardens. The resort offers everything from gourmet restaurants and private beaches to its own airport. Just ten minutes from the main entrance, Casa de Campo is serviced by American Airlines with non-stop jet service from Miami and several flights each day on American Eagle from San Juan, Puerto Rico, via the new La Romana International Airport.

Finally, come prepared to eat. Variety and creativity typify Dominican cuisine. Restaurants offer a range of menus, from the most cosmopolitan to hearty native fare. There are many ethnic specialty restaurants. With daily catches from two oceans, seafood is bountiful. The country is known as the breadbasket of the Caribbean because of its extensive agricultural, cattle and tropical fruit industries. The native dish is *sancocho*, a thick stew with seven different meats. 🍲

For more information on the Dominican Republic, I invite you to check out their website at: www.dominicanrepublic.com

A REPORT ON AIDS

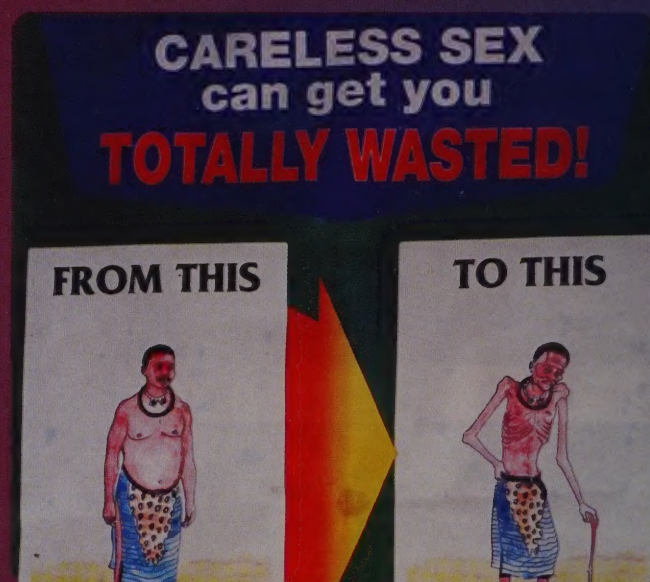
At the invitation of King Mswati III, the Economic Development Fund Foundation (EDFF) accepted the challenge of developing a plan for improvement to the current way government and non-governmental organizations deal with health care for the growing HIV epidemic in Swaziland. It required going into the belly of the whale. It was the raw reality of what HIV and its complications can do to a nation.

E DFF is an organization of doctors, nurses, counselors and other health care practitioners. On May 30, 2001, thirty-six Americans, mostly of African-American descent, left for Swaziland in the southern part of the African continent. What we experienced over the next two weeks changed their lives forever.

We saw hospital after hospital of wards filled to capacity with the victims of the debilitating effects of HIV. We also witnessed the huge number of children orphaned. Older siblings struggle to support their younger brothers and sisters by any means necessary, some turning to prostitution and crime. Some are lucky enough to have at least one grandparent able to assist in their care or, if they have the resources, to take full responsibility for the children as long as they are alive.



(R) Maurice Graham with a Princess of Swaziland



We saw fear and denial preventing the full utilization of what support through medicine, counseling and other social services are available. Fear of testing and fear of disclosing is widespread, as most Swazis believe HIV is a death sentence to be faced alone and in isolation. We saw a people afraid to admit that ancient cultural practices are killing them along with the religious views that convict them. The ancient practice of polygamy is in direct contradiction to the western religious ideologies they have adopted, causing a deep sense of guilt, shame and resentment.

The question at this point might be asked, "Is there any hope?" The answer from us was a resounding YES! Based on our own experiences in the U.S. dealing with these same issues, we know that these things can be addressed, must be addressed. My own experience of living with HIV for eighteen years is an example of movement from fear and denial to hope and wellness.

The members of EDFF made many recommendations on what could improve in the way services are offered. We also brought one and one half tons of medicines donated by our various communities, along with clothing, food supplements, information on the most current treatments and practices used in the U.S. We came not to model their system after our own but to assist the

IN SWAZILAND

Maurice Graham

Swazis in moving to their own next step considering where they are culturally, socially and spiritually. It is our hope that what we learned from them will improve not only their way of dealing with HIV but ours as well. HIV and AIDS are still on the rise in African-American communities as our denial and fear is still strong. There are those living with HIV/AIDS in both the U.S. and Swaziland whose stories can be a source of inspiration for us all if given the opportunity to courageously speak this truth.

What else can we who are not HIV positive do?

Practice safe sex, stay monogamous or abstain from sex. Discuss openly the issues standing in the way of our owning up to behaviors that may not serve us in positive ways. This change in attitude and behavior is required to end the menace of HIV/AIDS on both continents and around the world.

We can begin to develop laws and religious practices that support the entire community to limit the fear associated with testing and disclosure. We can build collaborations among social, political, spiritual, and cultural organizations, realizing that the issues underlying HIV/AIDS are larger than any one organization or nation and require cooperation from every sector of government and the support of a multi-national taskforce. We must tell the TRUTH.

There were many people at end stages of the disease in Swaziland. As a group of us arrived at her home in a remote area outside Steki, one such woman hung herself. Her family was gathered around her home as the authorities removed her body.



Another family of seven children had recently lost their mother to HIV complications; their father had made his transition two years earlier. The family's story was picked up by one of the local papers and people and organizations responded with food, money and medications (as some of the children are also infected with HIV). When the family was away working and in school, bandits broke into the home and took everything. The truth is that the entire community is in a desperate and depressed state.

Our group was able to offer replacement supplies. As a result of this contact, we adopted a school and several clinics to support on a continuous basis. Those of us involved in counseling also adopted the three hospital programs and several non-governmental organizations to support. We assisted them in organizing HIV support groups and coordinating independently provided information and services.

Communities in the U.S. can support the programs in Swaziland by contacting EDFF and setting up a collaboration of material and spiritual support. We can do together what we cannot do alone.

CONTINUED ON PG. 053



King Mswati III

ARISE'S WOMYN OF DISTINCTION:

Ingrid Rivera-Dessuit

L. Michael Gipson



Long before she became lesbian superstar by simultaneously making black, Latina and LGBT her story, I had the privilege of knowing Ingrid Rivera-Dessuit. Ingrid is the matriarch of the first out, lesbian-headed family ever to be profiled in Ebony magazine. With her arms protectively and lovingly wrapped around her partner and their child, Ingrid, a beautiful butterscotch sister with a petite frame and dark shoulder-length dreads, beamed her defiant Colgate smile for Ebony readers in barber and beauty shops across the urban landscape. In a single camera-ready moment Ingrid shattered all their ghettolicious myths about who and what lesbians are and challenged their narrow definitions of both the black family and the LGBT "family". Throughout the article, Ingrid captivated Ebony readers with her warmth, mischievousness wit and strength.

Ingrid has long been captivating the public. I keenly remember the mass curiosity she sparked among LGBT activist when the National Gay and Lesbian Task Force (NGLTF) announced her, a virtual unknown in the incestuous DC political community, to head their new Racial and Economic Justice (REJ) initiative. Speculation swirled around Ingrid's appointment. Was she hired to be just another token? Was she going to be down for the cause (a.k.a. people of color (POC) issues)? During NGLTF's Creating Change conference in 2000, Ingrid quickly quelled all fears by repeatedly speaking out against organizations that practiced tokenism through "diversity" instead of authentic inclusion of both POC communities and their racial and economic issues. It made many professional tokens proud to hear a sister in an influential position fearlessly speak the truth and use her influence to promote change. But speaking out is naturally Ingrid.

"I've always been one to challenge assumptions and stereotypes. I came out to my child, who is now eleven, when she was one. I was proud to come out to everyone, including my child. I didn't want to perpetuate the stereotype that LGBT people are all white. When I became a mother I told people that I got pregnant the same way many lesbian women of color get pregnant, through a prior intimate heterosexual relationship. I didn't tell people that I adopted my child or became artificially inseminated. I wanted to force people to rethink their ideas of lesbianism and gayness and the different processes people can take to come out."

Indeed, through her position at NGLTF, Ingrid is pushing people's understandings of sexuality and gender even further. She is heading up the first comprehensive national research ever conducted on and about LGBT black people in urban America.

In early 2002, NGLTF is planning to release the data extracted from over a thousand surveys administered at multiple Black Pride celebrations last year. The data will be enormously important for lay people and activists alike as it will provide everyone with the first substantive political snapshot of who LGBT folks of African descent really are and what they believe.

Additionally, Ingrid is leading another groundbreaking research project, one focused on a constituency to which Ingrid is intimately connected, lesbian single mothers on TANF, more popularly known as "welfare".

"I struggled on welfare for so long, eight or nine years, trying to raise my daughter. Five of those years I was in school fighting to complete my undergraduate and graduate degrees. It was so difficult to raise my daughter in a good way in New York City while obtaining my education and maintaining my dignity, but I did it."

Ingrid also learned a lot about stigmatization. As a black Borica, a poor single mother, and a lesbian in hyper-expensive NYC, and she has fought for the poor and disenfranchised ever since. Sadly, greatest emotional challenges have come from among the groups with which Ingrid has most closely allied.

"During one of my first grassroots organizing efforts in Lawrence, Massachusetts, it was other people of color who protested against me and my colleagues' efforts. Latinos and other people of color, some of whom I had worked with, were vandalizing our offices and setting up charter buses to get their youth out of town during the gay march to keep the youth from becoming "corrupted." It was a very painful experience. It hurt that my people couldn't make the connections between racism and homophobia."

PRIDE'S JOURNALS OF DISTINCTION

Despite those painful early experiences, Ingrid has dedicated her life to anti-oppression work.

"I feel privileged and fortunate to be out working on these issues, the issues that matter to me, no matter where I work. I just urge others who may not be able to get involved to come out if they can do it and have support. Our visibility is education and power, and dismantles the myth of gayness as a white phenomenon."

What may be interesting to note for Ingrid's fans is whether or not Ingrid and the REJ initiative she leads will continue to be as fully supported under the new NGLTF administration as it was under her former executive director and fellow Latina, Elizabeth Toledo. Early this summer, Elizabeth Toledo resigned after little more than a year, citing the need to exercise more family time as the explanation for her untimely departure. However, many politicos noted that Elizabeth left NGLTF within months of a published *Washington Blade* article outlining NGLTF's recent financial challenges, and after criticisms by POC, white allies and youth factions for not being progressive enough on social justice issues. In contrast to those charges, op-ed pieces by

conservative white activists appeared in the *Blade* calling for NGLTF to become more "centrist" by abandoning its REJ agenda and focus on a "narrower gay agenda." It's unclear whether NGLTF, under the helm of new executive director, Lorrie Jean, will heed the conservative or progressive urgings of the LGBT community. Having quadrupled the budget of the most well-funded LGBT organization in the U.S. during her tenure as executive director of the Gay and Lesbian Center in Los Angeles, Lorrie Jean is better known among activists for her stellar fundraising ability than her REJ sensibilities. Still, with a powerhouse activist like Ingrid Rivera advocating on the progressive front from within the ranks, I'm placing my bets on the lefties. Given Ingrid's zero knockouts track record as a fighter, from welfare mom to a credentialed, celebrated activist, wouldn't you? ☺

ARISE FEEL THE POWER

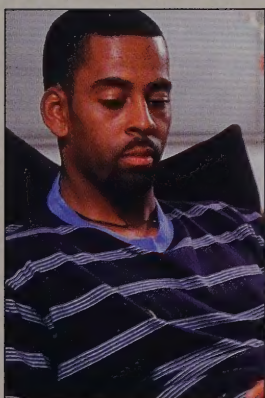
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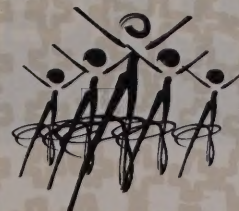
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www.**BlackAIDS.org** is a comprehensive online resource with prevention and treatment information on **African Americans** and HIV/AIDS. You'll find all issues of Kujisource there in both text and PDF format. The site includes links to testing sites, elected officials and sources of HIV/AIDS information of importance to people of **African** descent both in the United States, **Africa** and elsewhere. The entire site is searchable through an advanced facility that includes sound-alike matching. www.**BlackAIDS.org** is updated regularly—sometimes more than once a day.

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THE

FIRST

STEP

TO

HOME

OWNERSHIP

The idea of purchasing a home, condo or a piece of land is no less than overwhelming, but the key is preparation. To prepare yourself will not mean that the whole process will be smooth sailing, but it does have its advantages.

The first step in becoming a home owner is to prepare yourself mentally that you can achieve this goal. It is not impossible, but self determination is key.

The next step is to find out where you are with your credit history. This is the most frightening area for many of us. We have spent years avoiding the "credit" issue. There is something about the word that makes us all want to run and hide, but once we get all the information to deal with it we usually find that it is not so bad. Contact the three credit bureaus and retrieve your credit reports. The three agencies are Experian, Equifax and Transunion. There is a nominal charge for the reports and the turn around time is usually about two weeks through the mail. You can also visit their individual websites and download the reports.

Once you have the reports, compare all three because what one agency has on their report might not match what is on the others. First, look for errors. If you find a company on any of your reports that you personally have not established credit with, mark it as a "red flag." Credit fraud is a big business and people have built careers on using other folks' personal information to establish credit for themselves. Look for companies with which you have established credit and see if there is a hanging balance. If you know that you have paid this particular vendor in full, mark this too. Lastly, if you recognize the company and agree that the balance due is correct but are unable to make that payment in full, mark it as well.

Once you have established what is actually on each report then the repair begins. In order to clean up your reports and have them ready for a lender and/or financial institution to take seriously, you must be proactive and write to each vendor, explaining or resolving the situation.

Here are some common problems and suggestions on how to resolve them:

OTHERS USING YOUR INFORMATION – If you discover that someone has fraudulently used your credit information for their gain you can write to the individual vendor and ask for the fraudulent information to be removed from your report. Keep in mind that proof will need to be established, so have the

company send you the original credit application so that signatures as well as other pertinent information on the application can be confirmed. You may have to take legal steps to have this removed from the report so remember to document everything and retain copies for your files.

BALANCE PAID IN FULL BUT NOT REFLECTED IN REPORT –

When we pay off our debts we assume the creditor will send that information to the credit bureaus. This is not always the case. If balances that you have paid appear on your report, first contact the creditor and have them retrieve your old or present account. If you no longer have records reflecting the account number, it is usually printed on the credit report. Have the creditor mail you a copy of their records reflecting the balance paid in full along with a letter stating that the balance has been paid. Have the creditor then contact each of the credit bureaus and update their files. Keep in mind that the creditor still may or may not contact the credit bureaus to reflect this change. So, once you received your updated information from the creditor, send each credit bureau a copy of the letter as well as the final bill showing "paid in full." Remember to have each credit bureau send you an amended copy of your report once they have updated it.

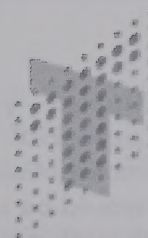
AMOUNT DUE – Most items on our reports are legitimate and where created by ourselves. Do not let overwhelming balances send you into a tail spin. They can also be conquered by taking control of the situation. Most creditors simply want to be paid, if not the entire amount due, certainly a portion of the balance so that it is not a total loss. You should first contact each creditor to find out what their settlement cost will be. Most creditors, depending on the history of the account will take less money than what is owed on the account to settle it. The creditor wins by receiving *some* funds in a situation where they may not have recovered *any* of the balance. And you win by paying off the debt and having the negative marks removed from your reports.

The key is to be proactive and take control of the situation. By not taking action the negative marks remain on your report, but by taking some of the steps outlined above you can turn your credit scores around and earn yourself a better loan with a lower interest rate.

Remember that whenever you adjust, remove, change or create something new on your credit history, always have each credit bureau send you a new and revised report and keep it in a safe place. Establishing and maintaining good credit is key. There are ways of correcting the past, but in order for that to happen you must take an active role in the process.

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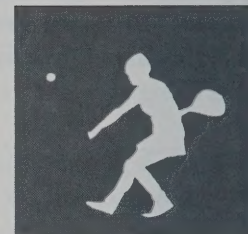
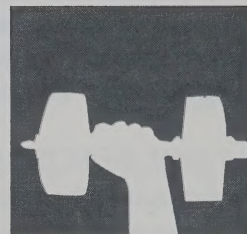


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fitness

FITNESS MAGIC linda lee

You can influence your metabolism: This is extremely powerful. Everyone thinks they understand metabolism, but if were to you ask people, you would be surprised by how pervasive the "I'm stuck with a rotten metabolism" myth is. I want to help people understand that metabolism is very simply the speed with which their body burns through food. There are activity and nutritional guidelines that can bring about metabolic improvement.

Burning calories is the act of digesting food. You must learn the importance and value of eating frequently, but those wanting to lose weight have been conditioned to believe "eat less, weigh less." I educate my clients to understand the actual thermic value of nutrients—the actual calorie burning properties of nutrient digestion—and that supportive eating offers a metabolic advantage. Eating supportively is thermic (or heat) producing. Since a calorie is a measure of heat, eating more supportively results in expending more calories.

Don't get fooled by labels. There is undoubtedly a fat-free labeled butter substitute in most refrigerators. Even though people think it offers a supportive choice, it doesn't. A fat-free diet is not healthy, and with fat-free products, you aren't truly on a fat-free diet. Let's look at the ingredient label. Hydrogenated oil—that's pure fat! How then, can the container feature the words fat-free?

You can't trust labels and fat-free diets don't work. The public is fooled into believing that fat-free products are actually fat-free,

but the label has hidden the fat content and high levels of sodium or sugar, which will create fat or hold water.

Moderate aerobic exercise. Do you know fat skinny people? You've seen them in the back of the aerobic room and on the treadmill. They have been led to believe that aerobic exercise is the secret to burning fat. In that incorrect belief, they have subjected themselves to a repetitive catabolic state where over-aerobicizing is literally eating up muscle tissue. I educate my clients on the importance of aerobic exercise as I help them understand that they can burn fat anytime they are in an aerobic state. That includes while they think, drive and sleep. That means with the nutritional and resistance training pieces of the puzzle in place, they can burn fat while they sleep.

Muscle is metabolism. I like to teach my clients (especially women) that getting toned simply means they're holding on to muscle and shedding fat. Muscle they have on their bodies right now, whether a lot or a little, directly correlates to the number of calories they burn at any given moment. I also teach my clients how fat is released and where it is burned, and they come to understand muscle is vital tissue worth protecting.

Meals. I teach people to learn the value of frequent supportive meals. It is best to consume visually equal servings of lean protein, starchy carbohydrate and fibrous carbohydrate every three to three-and-a-half hours in naturally low-fat, sugar-free meals.

Remember: Eat to live, not live to eat! 🍴

HOW DO WE ARISE TO THE CHALLENGE OF WHOLENESS AND WELLNESS?

Rev. Elder Alfreda Lanoix

It is ironic that this subject has come up now because I am dealing with my own wholeness and wellness and seeing how that looks for me.

I am asking myself, what are some of the distractions that are in my life that keep me from walking toward my own wholeness and wellness? – what are some of the messages that I've received along the way that told me that I don't deserve to be happy; that say to me that this isn't my planet; that we must suffer until the "sweet bye and bye".

Sometimes when I think of wholeness and wellness, I can't even see a clear picture of what that might look like – I haven't a clue as to what it feels like. How do I attain it – where do I go to get it?

When one has only been exposed to oppression, struggling, pain and suffering as part of our daily life, the question becomes "what is wholeness and wellness"? We have the tape running inside our head and the voices are from those who loved us, stating that we would never be anything, that we would always be nothing.

What I've discovered is that you must define it for yourself – what works for you. You must participate in your own discovery of inner peace, inner joy and whatever allows you to realize that this is a wonderful world and it is YOUR PLANET.

Some of the tools I'm using are:

Books – Books that empower me, books that allow me to start the journey inward to connect with my soul (which is whole) – books that help me to go past those things that want to stop me, such as molestation, incest, rape or voices from those who loved

us stating that we would never be anything, that we would always be nothing. I read the books or listen to the music that helps me have the courage to face, not run, and feel!

Seek help – Mental illness runs rampant in our community but we were taught to not "put our business in the street". I say run to the street, shout it out to the mountain top – get it out of you the best way you can – counselor, therapist, psychiatrist, pastor, friend, sponsor, coach, etc. Whatever comes up must be allowed out. Courage is not the absence of fear – it's being afraid and going ahead anyhow. So I summon up the courage to face the feelings from the past, to not run, to feel the pain and realize that whatever occurred at that time – whatever actions my loved ones took, no matter how ugly – were the best they could do at the time.

Meditate – Not medicate. Do not be afraid to go into the silence and sit with whatever feelings come up. Create a sacred, safe space where you can go in the silence, 'cause believe it or not, in the silence is where you can hear God.

Support Group - Find a support group or a group of friends that support you in a positive way. It's very important what energy you allow in your space.

Begin with small steps in learning how to listen from within – your intuition will never guide you wrong. Ask yourself "what character am I playing the story of my life? Am I the victim, hero, caretaker, savior of the world?"

and last but not least, do NOT be attached to the outcome – do your best and let it go.

It works for me – this is my truth!! ☸

MONEY MATTERS

Pamela Ayo Yetunde, Marabella Syndicate

SHAKEN & STIRRED:

James Bond has nothing on African-American investors when it comes to leading a double life. In their fifth annual study Ariel Mutual Funds and Charles Schwab & Co. report that retirement planning is not a top priority among most black investors. Yet, most respondents felt they could retire comfortably. So, how do you reach a goal without setting it? Perhaps the lottery, or maybe it is time for a reality check.

In their study, "Saving and Investing Among High Income African-Americans and White Americans," Ariel/Schwab based their findings on five hundred black households and five hundred white households with minimum annual household incomes of \$50,000. High income, for purposes of this study, is defined as households earning at least \$10,000 more than the average American household (In 1999, that amount was \$40,816 according to the U.S. Census Bureau). Though high income is not synonymous with wealth, the higher the income, the greater the chances of building wealth.

The good news is that most of the black respondents have a retirement plan. However, the not-so-good news abounds. First, thirty-seven percent of respondents with a 401(k) and thirty-four percent of those with an IRA opened those accounts for the first

time only within the last five years. Black investors missed the benefits of the ten-year bull market in the 1990s. About half had invested for the first time within the last five years (forty-three percent had invested in mutual funds and fifty-four percent in individual stocks). Secondly, the average monthly savings and investment amount combined is \$216. While the study does not reveal the value of respondents' retirement accounts, it does show an under-funding of accounts. The point here is that CP time is not fashionable when it comes to investing. Are black people late to the investing party because of a mistaken perception that investing is only for the affluent?

For African-American investors, income was reported as the most influential factor for investment activity. Blacks are more likely to invest when earning six-figure salaries. The other factors (in order of importance) include education and age. Surprisingly, goals do not have a significant influence on whether African Americans invest.

Conversely, the most influential factors for white respondents are (in order of importance): age, education, retirement as a goal for saving and investing, and income. Income is first for black investors and last for white investors. Yet, white investors have at least one goal in mind—retirement—as a reason to get into the market. Even though sixty percent of black respondents participate in a 401(k), a comfortable retirement seems to represent more of a dream than a concrete goal.

Of the black respondents, the study showed that:

- 56% have a household income of \$50,000 to \$74,999
- 63% have less than \$100,000 in savings and liquid investments (excluding real estate)
- 70% were between the ages of forty and sixty-five.

When asked "Do you or your spouse have money in any of the following retirement programs?" the responses were as follows:

- 60% have a 401(k)
- 34% have an IRA
- 14% have a defined contribution plan
- 9% have a 403(b)
- 17% have no retirement account

RETIREMENT REALITIES

This paradox may have more to do with perception than reality. On the one hand, sixty-three percent think they will have enough money to live comfortably in their old age. On the other hand, when asked if they consider themselves financially well-off, fifty-eight percent of black respondents do not feel well-off. Without clear goals and the confidence that their earnings today will lead to a comfortable retirement tomorrow, African Americans are leading a financial double life.

The Ariel/Schwab study provides insight into the behavior of African-American investors. How can this information help improve our financial lives?

Be progressive-minded. Don't let your present income dictate your long-term goals. That is regressive thinking. A person making \$27,000 can desire a comfortable retirement as much as someone making \$50,000 or \$100,000. Set your goals, then work toward making the kind of income you need to support your goals.

Get to know yourself. You may feel as if you have no goals beyond getting through the day. Turn off the TV and tune out the nay-sayers. Find a quiet place and close your eyes. Think of what might make you happy. Would you be happy without food, clothing or shelter? Probably not. Make having food, clothing, and shelter things you can have even when you are not working for a paycheck.

Prepare. If you were told that \$50 a month will buy you six movies today or could be worth \$290,000 later (at an average annual interest rate of ten percent over forty years), you might want to get a library card and borrow videos.

Be pro-active. No matter how much money you presently make, open an Individual Retirement Account (IRA) the next business day. Should you open a Roth IRA or Traditional IRA? That depends on your income, goals and tax considerations. Even if you have a 401(k), consider opening an IRA.

Be interactive. Talk to a financial professional about your overall financial situation, they can help you determine how much you need to save and invest. To maximize the benefits, don't settle for investing the minimum.

Studies like Ariel/Schwab's serve an important purpose: they hold a mirror to our community. If we choose to examine ourselves we are more likely to develop better habits around our money matters. Go ahead and play the lottery if it makes you feel hopeful. But in the meantime, do not neglect the importance of building your assets. By ignoring the reality of setting financial goals, your dream of a "martini" retirement may be shaken and stirred.

Pamela Ayo Yetunde is a financial consultant and the author of *The Inheritance: A Stock-Picking Story* and *Beyond 40 Acres and Another Pair of Shoes: For Smart Sisters Who Think Too Much and Do Too Little About Their Money*. She can be contacted at 510-337-3242 or at www.smartsisters.com. 

CHOOSE LIFE

Debra Fraser-Howze, President and CEO, National Black Leadership Commission on AIDS

First We Must Value

Before America enters into any new contracts for the new millennium, it is obligated to right its national wrong. It must acknowledge that African-American communities are besieged with tuberculosis, hypertension, sexually transmitted diseases, infant mortality, cancers, bronchial diseases, violence, and the resurgence of childhood diseases that were thought to have been eradicated several decades ago. And it must acknowledge that these conditions are prevalent at a time when AIDS is destroying the black community. Such conditions rightfully call for a state of public health emergency, as well as national and international interventions

While Americans may have been seduced by the appearance of potential cures, or have simply grown weary of AIDS, the nation's wholesale reduction in public health budgets, amidst a changing and unpredictable political climate, has come at a time when there is pressing need for a new public health focus. Fortunately, new technology and information have uniquely positioned us to permanently alter the way in which public health is conducted, health care is provided, and the communities' knowledge of preventive measures is increased. Technological advances will allow communities of African descent to grow healthier and stronger. The goal must center on making neglect, both benign and intentional, of the health needs and life expectancy of these citizens no longer our national shame.

In keeping with conventional American public health standards, all credible interventions must take into account the failing infrastructure and poverty that exists in communities of color; the racism; and the pervasive lack of culturally sensitive information, all of which America currently controls for these communities. Further, America's public health system, its philanthropic community, and its public and private sectors must desist in accepting the abandonment of its fellow black Americans, and must stop declaring these communities bankrupt, their leadership unresponsive, their intellect deficient. In other words, America has to stop blaming African Americans for these conditions.

Despite heroic efforts in the black communities, they, the communities, will remain unprepared if deprived of the necessary resources—information, education and technical assistance—needed to analyze, plan, develop and implement effective solutions to the public health problems that threaten their survival.

Most important, however, America must believe that communities dominated by African descendants are something worth saving, and that it is able to exercise proven effective interventions that will preserve the traditions of black Americans, including their unprecedented will to live, and respond to their needs accordingly. Recognizing as well that the value we place on the health of our African-American citizenry will have an inherent relationship to worldwide opinion of American culture and contemporary moral standards, America must pay attention.



First We Must Be Honest

The AIDS epidemic hit African-American communities on the heels of unspeakable public health atrocities not so ancient. The most famous was a project of the United States Public Health Service, in which an initially good intention was perpetuated into a multi-decade atrocity of planned and coordinated syphilis infections on unsuspecting generations of black families. The "Tuskegee Experiment," as it is popularly known, ended in 1972 with legislation sponsored by Senator Edward Kennedy.

Since the 1920s there has been one basic definition and guiding principle for public health in this nation:

Public health is the science and art of preventing disease, prolonging life, promoting health and efficiency through organized community effort for the sanitation of the environment, control of communicable infections, education in personal hygiene, organization of medical and nursing services, and the development of the social machinery to ensure everyone a standard of living adequate for the maintenance of health.¹ [superscript]

Public health historians Lawrence Green and Marshall Kreuter looked at "an educational and environmental approach" to public health promotion, particularly in regard to disease control intervention, and concluded:

Most of the chronic disease demonstrations were designed to produce small changes in large populations, the idea being that the net effect of achieving a small percentage change in an entire population would yield more proposed health benefits than would strategies aimed exclusively at the ten percent of the population deemed to be the highest risk. The target is the community and everyone in it.

Community intervention seeks small but pervasive changes that apply to the majority of the population; the approach is "community wise." The success of the National Black Leadership Commission on AIDS is important because its model is based on sound American public health principle. Nothing more and nothing less.

Specific guidelines for crisis community intervention by American public health officials require that the intervention 1) build a base of community ownership, 2) use local experience for seeking solutions and decision making, 3) understand the history, systems and operational techniques of the target population, 4) know what has worked in the past and what has not, 5) establish an organization and advocacy structure that allows flexibility for multiple and cohesive programs, 6) develop planning based on sound data and theory, and 7) ensure necessary resources for the development and maintenance of the initiative.

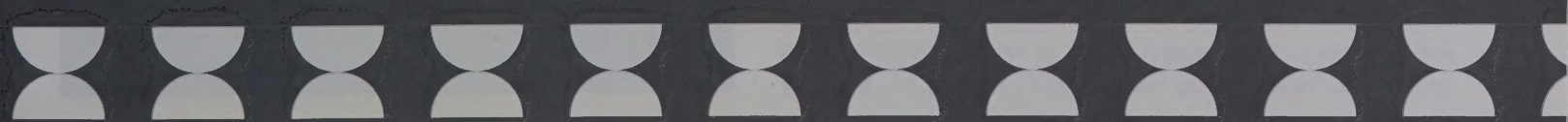
Given these basic tenets of public health, how is it possible that America seems so confused about what to do in the face of this epidemic and how to do it? How is it that operatives at major public health agencies and philanthropic organizations tend to understand the basic tenets of public health intervention for some communities and not for others? How could our government build an entire public health service based on a philosophy of the early nineteenth century, audaciously and unapologetically omitting American citizens of African descent?

If we as a society sought to reject President Bill Clinton's health security plan proposed in 1993 for any reason, it should not have been for those that were so purely based on political animosities. In the opening preface to the plan, President Clinton made several profound observations, one of which is warranted here. He stated, "In short, all of the things that are wrong with our health care system threaten everything that's right. To preserve what's right and fix what's wrong, we must get the system under control, and put people first."

Let the house say, "Amen." 

If you need any information on where to get tested, what to do next if you are infected, or if you'd like to volunteer, contact the National Black Leadership Commission on AIDS at: 800.992.6531 or www.BLCA.org

1 (Bunton, R. and Macdonald, G. (eds.) (1992) *Health Promotion: Discipline and Diversity*, Routledge, London.



REMARKS BY CORETTA SCOTT KING

SCLC ANNUAL CONVENTION

MONTGOMERY, ALABAMA

AUGUST 8, 2001

Thank you for your very gracious introduction.

President Martin Luther King III, Mr. Phil Wilson, Reverend E. Randall Osburn, distinguished guests and friends, it is a great pleasure to join you all today and to address the 2001 Convention of Southern Christian Leadership Conference (SCLC).

Coming to Montgomery is always a homecoming for me, since I lived here for more than five very eventful and meaningful years. I recognize many familiar faces, who bring back lots of warm and meaningful memories for me, including the birth of SCLC's current president and his older sister, Yolanda, right here in Montgomery. My sense of family expanded greatly here in Montgomery, because the Montgomery movement was very much like a family in the way everyone cared for each other and looked after one another. And so, it seems fitting that SCLC holds its first convention of the twenty-first century in the city where the Civil Rights movement began and where the planning for the meeting which lead to the founding of SCLC was done at the table in the dining room of the Dexter Avenue Baptist Church parsonage.

So many things have changed as a result of the Montgomery movement and the Civil Rights movement it launched. We have made some great progress in civil and human rights, using the techniques pioneered and developed in the Montgomery movement, although we still have a lot of work to do to eradicate racism and discrimination. And we face some new and daunting challenges as well. Today I want to speak to you about one of the most serious crises we face as a people, the AIDS epidemic. And before I begin, let me say that I thank and appreciate President King and the SCLC holding this forum on



Courtesy of The King Center, Atlanta, GA

AIDS because the information we share today can save lives and prevent great hardship.

AIDS is a global crisis, a national crisis, a local crisis, and a human crisis no matter where you live. AIDS is one of the most deadly killers of African Americans, and I think anyone who sincerely cares about the future of black America had better be speaking out about AIDS, calling for preventative measures, increased funding for research and treatment.

Many people still think of AIDS as a disease that afflicts only gay people. But right here in Montgomery, for example, Montgomery AIDS Outreach Inc. reports that sixty-three percent of HIV/AIDS patients being treated in their programs are not gay, but straight—in other words, heterosexual. AIDS does affect every race of people, but African-American people are disproportionately affected. Here in Montgomery, seventy-three percent of Montgomery AIDS Outreach patients are African American.

None of us are immune to the tragedy of losing loved ones to AIDS. The face of AIDS is everywhere. Most of us have a family member, relative or friend affected by AIDS. Yes, I have had members of my family die of AIDS.

AIDS is the number one cause of death for African-American males between the ages of twenty-five and forty-four, and the second leading cause of death for females in that age group. Half of all new HIV infections of young people between the ages of thirteen and twenty-four are African Americans.

It is critically important that we understand that substance abuse is closely linked to the spread of the AIDS epidemic, particularly in America. It's not just the problem of infected needles used by intravenous drug-users. People who are intoxicated on alcohol, crack or any drug are much more likely to make unsafe choices and engage in risk-taking behavior. We must create an awareness of the ways substance abuse feeds the AIDS epidemic, especially among our young people.

One of the greatest assets to the spread of AIDS in the United States is homophobia, which is the irrational fear and hatred of gay and lesbian people. Our efforts to prevent the spread of AIDS are made more difficult by the persistence of bigotry and prejudice toward gay people. So much of the suffering of AIDS comes not from the physical effects of the virus, but from the callousness, neglect and fear of our surrounding community.

Sadly, homophobia is still a pervasive problem throughout America, but in the African-American community it is even more threatening because we are so disproportionately affected by AIDS. This is an enormous obstacle for everyone involved in AIDS prevention, treatment and research.

Fear and hatred of gay people spreads shame and guilt where there should be compassion and healing. It discourages our young people from getting informed about AIDS and from taking life-saving precautions. It also discourages people with AIDS from getting the treatment they need as soon as possible.

Homophobia is as morally wrong and unacceptable as racism. We ought to extend to gay and lesbian people the same respect and dignity we claim for ourselves. Every person is a child of God and every human being is entitled to full human rights.

To eradicate AIDS, we must give our medical researchers and scientists all of the support they need to find the cure. But we must first and foremost cure our own hearts of the fear and ignorance that leads to denial and ostracism of our brothers and sisters who have AIDS. The real shame falls not on the people with AIDS, but on those who would deny their humanity.

All people with AIDS are deserving of our compassion, not our judgement. I would urge anyone who doubts this to revisit the teachings of Jesus, to ponder his teachings about love and compassion, on sinners casting stones, on judging others and being judged. I would appeal to them to study his deeds, his no-questions-asked, compassionate healing of the sick, his embrace of the outcasts and the "least of these." Nowhere in the teachings of Jesus do we find any justification for the persecution and dehumanization of anyone. Instead we find a radiant message of universal, unconditional love, indeed an appeal "to love one another as I have loved you." Let's leave the judging to God and minister to the sick in the spirit of he who died for all our sins.

In a way, the silence of good people has been even more harmful to the struggle against AIDS. There is a very human tendency to direct one's attention elsewhere when confronted with the stark reality of deadly disease. If we are going to end this terrible epidemic, it is time to end the silence and become a pro-active part of the solution, instead of being a silent part of the problem.

The other thing we have to remember is that AIDS is not only a medical and a social problem. It is also a political problem. We won't see adequate funding for AIDS research, prevention and treatment programs until we make the political leadership at every level of representative government understand that they will be held accountable for everything they do or don't do with respect to AIDS.

That's why it's so important that we pass needed legislative reforms like significantly increasing funding for the Ryan White Act, which is the principal source of government assistance for the war against AIDS. To help eradicate the homophobia that feeds the spread of AIDS, we should also support the

Employee Nondiscrimination Act and the Local Law Enforcement Enhancement Act, which strengthens the government's ability to prevent and stop hate crimes. Both of these bills also strengthen penalties against racial discrimination, as well as sexual orientation.

As we mark twenty years since the beginning of the AIDS pandemic, we are seeing some of the highest AIDS infection rates ever recorded in many places around the world. I call AIDS a pandemic because it is a leading cause of death in nearly every nation on earth. Since the first AIDS cases were reported, more than sixty million people have been infected. To put that number in perspective, that's more than the entire population of Great Britain or France. And, more than twenty-two million people have died because of AIDS. That's more people than live in the entire states of New York or Texas, and more than all of the people killed in the wars and civil wars of the twentieth century.

And though AIDS is no respecter of boundaries, no people have been more devastated by AIDS than our sisters and brothers in mother Africa. Between seventy and eighty percent of all of the world's thirty-six million people who have AIDS live in sub-Saharan Africa. AIDS now kills more Africans every year than all of Africa's wars and conflicts combined. In seven to ten years it is estimated that AIDS will create forty million orphans in Africa. That's more people than the populations of Tokyo and Los Angeles put together.

About ninety percent of Africans with AIDS are not gay people, but heterosexuals. In Botswana, Zimbabwe and Kenya, more than one out of every five adults are infected with HIV, and nearly as many in South Africa, Mozambique, Zambia and Tanzania. And, according to the United Nations, fifty-five percent of all HIV-positive adults in Africa are women.

In mother Africa, the two most important things that must be done to eradicate the AIDS epidemic are to increase the Global AIDS Fund and to cancel Africa's debt to the developed nations, the World Bank and the International Monetary Fund.

Some African governments are paying as much as forty percent of their annual budgets just to pay interest on the debt to wealthy nations and their banks. Zambia is forced to spend more for debt interest than for health care and education combined. This is wrong, and we must do everything we can to cancel this immoral debt, so the governments of Africa can educate and heal their people.

Once Mother Theresa was asked where she found the strength to care so tirelessly for the terminally ill. She replied, "It's not hard because in each one, I see the face of Christ in one of his more distressing disguises." And, in a way, that is the challenge



we all face—to see the face of Christ in his many distressing disguises—the sick and destitute, homeless and hurting. But we must also see the face of Jesus in all people with AIDS. When we learn how to see the face of Jesus in every human being, then the same spirit of healing that empowered Mother Theresa will enable us to heal our communities in America and all over the world.

Before I conclude my remarks, I want to ask all of you to take some time to look at the AIDS quilt panels, which so powerfully symbolize the suffering and hurt AIDS has brought to so many of our families. Perhaps you have noticed that each of the panels is the size of a grave because it represents a lost loved one. There are so many AIDS deaths, more than 750,000 in America alone, that the quilt can only be displayed a few panels at a time.

The AIDS quilt recalls another beautiful garment my husband and SCLC's founding president once spoke about. Martin Luther King, Jr. said that "we are all tied together in a single garment of destiny, bound together in an inescapable network of mutuality. Whatever affects one directly affects all indirectly."

Our founding president's words are profoundly appropriate to our struggle to end the scourge of AIDS. And, if we will stand together as brothers and sisters, bound together in an inescapable network of mutuality, we can surely put an end to AIDS.

While AIDS is not yet curable, it is certainly preventable and the odds of survival can be greatly enhanced with proper treatment. And so, I join in calling for more funding for AIDS research, education, prevention and treatment. But I also call on all parents, teachers, community and religious leaders, and especially on our young people, particularly those who have leadership skills, to join together in a nation-wide teach-in on AIDS. Let us work together to ensure that homophobia, ignorance and low self-esteem no longer feed the spread of AIDS. And let us resolve that this new openness and dialogue will also help us to heal people with AIDS and to build the beloved community, where all people can live together in health and harmony. And, it is with this spirit that we shall overcome.

Thank you, and god bless you all ☸

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Coretta scott king

People of Color in Crisis, Inc. introduces...

Many Men, Many Voices

Important questions for Every Black Gay Man

Who has the power in
Black Gay relationships?
The top or bottom?

**How do you pick
your lovers?**

What's up with having sex
with STRAIGHT men?

Join POCC for a 6-week affair that takes a close look at our Black Gay selves and the stuff' that has created our behaviors related to sexuality, relationships, health and other issues facing our community. During our 6-week conversations we will discuss ways we can improve our relationships, how to develop new communication skills and ways to reduce STD/HIV infections. Participants will receive parting gifts and a MetroCard. A light dinner will be served.

For more information or for the "Many Men, Many Voices" curriculum training please call (718) 230-0770

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IN CRISIS**

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NEXT GENERATIONS

Ceremonies

(for Essex)

Tim'm T. West

on the other side of what I don't know
is what I know.
My bedroom, a shrine
and the feelings poured into it:
evaporated tear-droplets
a smile trapped still in some photo,
love potions, sea shells, a fortune cookie script,
and half a frank/incense stick.
there be pics of niggas, now dead, that I loved
sprinkled in to give volume and color to my
memorial.

what I know is morning
and having to wake, get up outta the bed,
pray to or curse the gods
on bended knee.
there is medicine to take
and three drenched T shirts
hanging over a computer chair
after last night's sweats.
I know that it is winter.

What I know is that, when lonely,
there is a telephone in my room
with ghettofabulous messages I can playback,
there are pics of ex-lovers,
there is Marley and MeShell and Malcom
with poster-eyes watchin over me,
and there are bookshelves that stand as evidence
of years of hard work.
There are diplomas hanging, other silly accolades,
Chapters I have not yet found a book for.

What I know is that my bedroom
is a repository for sadness
there are things in boxes to forget about
silver rings, naive and cliché poetry, perversions
like this here disclosure will become.

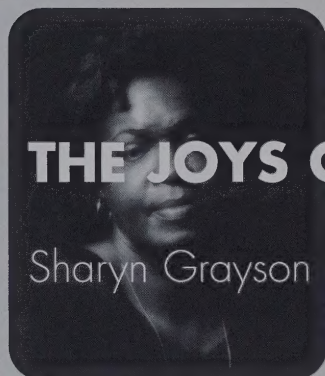
On the other side of what I don't know
are certain things:
longings, missin' mama and babysisenem.
There is grammatology and feminism and postwhateverism
that cut the umbibical chord,
there is lots of paper
and lots of pens that don't write no more
but still there...bleeding... like me.
so much of my blood has leaked.

On the other side of what I don't know
are wishes:
there are master tools I want to use to make
a dream home,
a den with a sofa, a bowl of butter popcorn.

There is a ceremony
In that place in my head
like in my bedroom in the morning.
I shall find a heart still beating
and shall dream up a heart to match
and a dance with him.. to house music
we'll exchange silver cockrings,
and have 7-up cake at the ceremony.
I'll ignore some chile trying to read my dashiki.

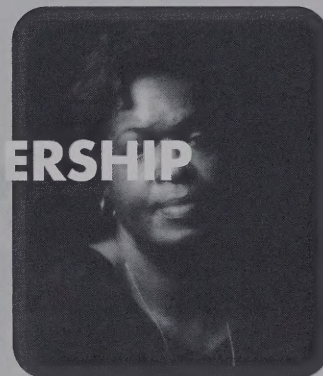
The ceremony...
I imagine the family is "going in"
cause this time its real:
mama's lil boy
has claimed another lil' boy's smile
as his own
for keeps
and to add to the collage
of other things he knows
there is the kiss
we untying each other's tongues
forcing our jump to the center of the broomstick
till it breaks.

Transformations



THE JOYS OF HOME OWNERSHIP

Sharyn Grayson



Few feelings compare with the joy one experiences upon successfully completing the processes leading to personal home ownership. If you are willing to devote some time toward preliminary research, networking among friends and approaching the task of buying a home in an intelligent and confident manner, there's little reason for this experience to be anything less than rewarding—even for the first-time buyer.

Understand however, the overall experience can be a bit overwhelming depending on individual circumstances. There may be times when your frustration level will truly be pushed to its limits. Nonetheless, the outcome is well worth it.

I recommend you adopt a "take charge" attitude from the beginning. No matter how dumb you may think a question is, never, never, ever hesitate to ask questions. Although you may feel at times that everyone else's opinion carries more weight, know that YOU are the most important person in the entire process. If you (for any good reason) decide to halt the purchase process, that's it. It's over!

One point I need to stress particularly to my TG brothers and sisters is that you must have your personal identification records in order. That means to make sure your established 'paper trail' (personal identification) coincides with information you will list on your credit application. Next, obtain a copy of your latest credit report. It is a good idea to do this at least twice annually, anyway; just to review the details and make sure that errors and outdated information is removed as soon as possible. *[For more information on the credit reporting agencies, please see **First Step in Homeownership** on page 36]*

There is absolutely no reason for you to feel that you have any less of a right to own a home than anyone else does. In fact, some states (and the federal government) have established

laws that protect against housing discrimination based on sexual orientation. If you feel you have been victimized, contact your nearest branch of Housing and Urban Development (HUD) or a human rights office for the proper information on filing complaints.

Property purchases do not always require the services or involvement of a licensed real estate sale professional. Some home sales can be legally conducted solely between the buyer and seller. However, to enter into such a profoundly complicated arena, without the advantage of guidance from a seasoned professional, is foolhardy and financially dangerous. Just because your parents or close friends have always owned property, they *are not* experts in the field of real estate. Know this!

Should you decide upon the more traditional route of retaining a professional real estate sales agent, make sure the person is aware of details and facts that are particularly important to you (for example, neighborhood safety, privacy and convenience). Although it isn't necessary to "out" yourself in the process, you do want to be sure you make the best use of your time with them.

Vital information on most property purchase situations, mortgage finance alternatives, various housing and real estate laws, as well as many publications focusing on home ownership can always be obtained by contacting your local HUD office. Check your phone book for listings. And there's always the Internet for additional (specific) resources.

Home ownership is everyone's right! Good luck in your search...☺

Your comments are appreciated: Sharyngrayson@aol.com

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WOMEN'S HEALTH

BEING BLACK, BEING OUT AND STAYING SANE

Janine Y. Saunders



Illustration: "Celebration" by: Terrance Gaska

BEING BLACK, BEING OUT AND STAYING SANE

The African-American community has not traditionally been a welcoming place for people of diverse sexual orientations. Similarly, we have not been able to talk frankly and candidly about mental illness. If you are a lesbian and are mentally ill, you are often on your own. Although gays and lesbians of African descent have existed since the beginning of time, many of us are now choosing to live openly and honestly; what does this mean for our mental health?

After discovering at a young age that I preferred girls over boys, I still spent years trying to build relationships with men. They always failed. I convinced myself that the timing was bad, the man wasn't right for me, I wasn't right for him, etc. This cycle of failure and the disappointment that followed led to a life of self-hatred and self-abuse for me. I did not care for my body in healthy, loving ways. I abused alcohol and other drugs. I over indulged in food then purged to rid myself of the excess. I took up to forty laxatives each day in addition to vomiting, using diuretics and fasting. I was diagnosed as clinically depressed and relied on medication to lift me out of my cloud of despair. While I continued to be successful in academics and in my career, my mental state suffered. Although I knew other African-American lesbians, I felt isolated and alone. There seemed to be no end to my pain. I contemplated taking my own life. And then I came out.

It was like the sun parting the clouds! I was blessed with joy. By being honest with myself, my family and my community about my sexuality, I was able to break free from the self-hatred that almost killed me. We, as a diverse and powerful community,

must find ways to support one another. I cannot tell you how many pastors, elders, educators, etc. I went to for help only to be told that I was "sick," "confused," and that (my favorite) "I will pray for you." Black lesbians are more likely to drink heavily, to use illicit drugs and to be clinically depressed. What are we doing as a community to part the clouds, to bring joy into everyone's life?

I implore everyone who reads this to reach out to those in need. Mental illness need not be a curse or a stigma any longer. If you know a woman who is not treating herself like the queen that she is, talk with her. Be a friend. Be a sister. Show her that there is a way out of despair. Let us embrace each other with a fullness and a love that knows no bounds. I am now in a healthy relationship with a woman who knows all about me and still loves me unequivocally. With her I am able to live openly and with a freedom I have never known. I celebrated my newfound freedom with a tattoo of Gye Nyame, my symbol of freedom, love and health. How will you celebrate yours?

Janine Y. Saunders, a native of San Francisco, is a Master of Public Health student at University of California, Berkeley. At UC Berkeley, she serves as the co-chair of the Graduate Association of Public Health Students and as a graduate student researcher for the Center for Community Wellness. Janine is currently the Outreach Project Director at Lyon-Martin Women's Health Services in San Francisco and is also a fellow for the SF Bay Area Health Professions Partnership Initiative. She can be reached at JanineYS@aol.com. ☺

BEING BLACK, BEING OUT AND STAYING SANE

CONTINUED FROM PG. 031

The issue of substance abuse, one major highway for HIV transmission, was addressed by planting seeds for Twelve Step Programs, which have proven to be so effective here in the U.S. If you are in southern Africa and can lend support to the Swazi people by sponsoring a Twelve Step Fellowship group, or assisting with any of the projects already mentioned, please contact me, Maurice Graham, at *Gibbs Magazine*.

Facts about HIV in SWAZILAND [inset box?]

Swaziland is a kingdom of fewer than one million people. AIDS is ravaging its citizenry. It has the fourth highest infection rate in Africa per capita. It is estimated that thirty-five percent of the population is already infected with HIV. That number represents more than 300,000 people. Seventy percent of the people who have tested positive for HIV have also tested positive for tuberculosis. Since TB is an airborne virus, it is being introduced to people who are already HIV positive. Because of the depleted nature of HIV-positive people's immune systems, TB is also reactivating in those who have already received treatment for TB infection. In Swaziland the program to treat TB is six months. Here, in the U.S., the program is more than a year of treatment, with the CDC and the local Health Departments following each case to its conclusion. So in most cases, the six-month treatment only brings the TB into a state of remission.



There are many cultural, social, political, economic and religious issues standing in the way of effectively getting the population tested. Disclosure after testing positive is an issue—most people don't admit the fact that they have tested positive for fear of being stigmatized and discriminated against. Fear of disclosing is a barrier to effectively using the information, services and medications already available for healing. It prevents the medical community from treating HIV and the people who are HIV positive and living with HIV/AIDS from sharing experiences that could contribute to wellness. The patient usually must disclose to their doctor their HIV status to receive the medicines. Doctors sometimes guess the patient's status and will use treatments related to HIV "OI's" or opportunistic infections. The patient may in fact recover from whatever that infection might be. Treatments, which could prevent opportunistic infections early in the disease process, are not used and many die prematurely without the benefit of what is currently available.

The medicine situation in Swaziland is one where HIV and AIDS medicines are available, but only to those who can afford to pay the cost of the medication. Most Swazis cannot afford AIDS medicines. Opportunistic infection medicines, however, are available at a reasonable cost. The cost to enter the hospitals in Swaziland is 10 Rand, which is equivalent to about a \$1.25 U.S., and that entitles that person to whatever medicines are available for the opportunistic infections associated with HIV. Although this may sound quite reasonable to you who are reading this report, a large number of people cannot even afford to pay for entrance into the hospital. ☹



ELEMENTS OF STYLE

W. DWIGHT SHEALEY

What is Style?

There is no one word that sums up excellent design better than *style*. It is a quality that is easily recognized yet difficult, on some levels, to define. Many times, good style is mistaken for good taste. Although they are related, they refer to two different aspects of design. Think of style as the way something looks and how it makes you feel, while taste refers to quality and how well an item is made. Notice I didn't say that good taste is determined by the cost of an item. This is also a popular myth believed by many. Very often, good taste or quality can be obtained quite affordably. Having a good sense of style should never exclude, but always include good taste.

How to determine your Style

Defining your style is very personal. The furnishings that appeal to you are what should be found in your home, office or business. If you have a flare for decorating, you should be able to manage small projects, but if you are taking on a large remodeling project (kitchen or bathroom), I recommend that you consult with an interior designer. Take look at these various styles to see which ones appeal to you. If you like more than one, you can mix and match elements to create an "eclectic" look.

Ancestral

Most ancestral interiors have what is often referred to as the "world traveler" look. You can usually find a mixture of things that originated in various places all over the world. The ancestral style is classic in that it is not based on the latest trend, but rather, it allows tradition, heritage and history to make its impact. Some elements associated with this style are:

- Period and antique furnishings
- Leopard and zebra prints
- Gilding
- Hand woven rugs
- Tapestries, animal skins and velvets
- Dark, rich woods

Simple

The simple look is very popular right now. It relies on natural fibers, clean precise lines and practicality. This style derives its inspiration from the idea that less is more. Very basic and somewhat Minimal is the best way to describe this style. Simple style supports another design concept called "eco" or "green" design. Some elements that are associated with this particular style are:

- Cotton, linen and chenille
- Innocuous and raw materials (cement, metal, glass)
- Khaki, taupe and white
- Plants

Clutter

YES...clutter is not only a problem, but it is also an incredible style! It is a great solution for those of us who like to collect things or simply can't seem to bring ourselves to give our little tchotchkes to Goodwill. (Can you say...PACK RAT? Just teasing!) Nevertheless, having a clutter style is a good idea if it is kept organized and arranged properly. The idea is to create order as well as scale by grouping carefully selected collectibles together. For example, a collection of framed photos looks best when all of the photos are in frames that match somehow, be they all metal, or all wooden, or the same size, shape or color. Some of the elements associated

- with this style are:
- Books, plates, boxes etc.
- Shelving and storage
- Neutral backgrounds
- Retro and antique items



Shabby Chic

If you want to redecorate and don't have a pile of money to invest (like most people), then the shabby chic style may be the perfect solution for you. This style is popular among thrift shoppers and flea market lovers because they can use old, recycled objects to create a spectacular look. Dried flowers work really well with shabby chic-ness. Here are a few elements that are associated with this style.

Distressed and chipped paint
Patina or rusty metal
Wrinkled, faded and chintz fabrics
Loose-fitting slip covers or fabrics
Antiques



055



Retrospective (Retro)

Another popular style at the moment is the Retro look. This is a style that captures the character of the last fifty years. Retro is so popular today in part because homes built during that period are now being resold to people born during the baby boom. It was around this time that Danish furnishings became the new trend. This style is also reminiscent of the Art Deco movement, which was a futuristic look in its time. Here are some elements that reflect this style:

Chrome, glass and blond woods
Vinyl and synthetic fabrics
Stripes, polka dots and bright colors
Clean, smooth lines
Molded plywood and steel



It's time to refresh, remodel or redecorate, so...GO FOR IT!

If you would like to contact W. Dwight Shealey, he can be reached at:

*Before and After Interior Design
607 Hearst Avenue
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510.841.4324*

men's HEALTH

Prostate Health and Risk of Prostate Cancer in African-American Males

TRACI BECK, M.D.

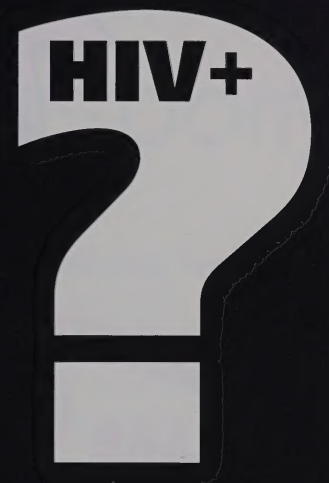
For reasons that have not been identified, the highest rates of prostate cancer in the U.S., and possibly the world, are among African-American men. African-American men are fifty percent more likely than white men to develop prostate cancer. An even more distressing fact is that once diagnosed, African-American men are twice as likely to die from the disease. In recent years, more and more black men have found that either they are having to deal with prostate cancer themselves or they know other black men who are dealing with the disease.

Doctors and researchers continue to look for answers explaining the disproportionate rates of prostate cancer in black men. However, to date, specific causes have not been identified. Two possible causes include diet and family history (heredity). African Americans tend to have diets high in fat. A high-fat diet seems to play a part in causing prostate cancer. There also appears to be some familial tendency, meaning prostate cancer appears to run in some families. Research is currently under way to study the genetic basis of racial and familial differences in prostate cancer. Regardless of the cause, the greatest risk factor for prostate cancer is age. More than eighty percent of all prostate cancers are diagnosed in men over the age of sixty-five.

The best form of prevention is early detection. Early detection is the key to fighting prostate cancer. Unfortunately, many African-American men shy away from early detection prostate cancer screening and thus, often have more advanced disease at the time of diagnosis. Prostate cancer is usually slow-growing and symptoms may not appear for many years or may never exist at all. In fact, many men will die without ever knowing they had prostate cancer. In its earliest stages men usually experience no symptoms, while in more advanced stages men may experience frequent, difficult or painful urination, dribbling urine, blood in the urine or pain and blood with ejaculation. If the cancer has spread to other parts of the body, it may cause more severe symptoms such as bone pain. Because early prostate cancer usually causes no symptoms, it is very important to have regular checkups by your family doctor or urologist.

It is strongly recommended by members of the medical community to get annual prostate-specific antigen blood test (PSA) in combination with a digital rectal exam (DRE) beginning at age fifty. African-American men or men with a strong family history of prostate cancer are strongly urged to begin screening at age forty. Early detection of prostate cancer can mean the difference between life and death. 

Traci Beck, M.D. , is a urologist in private practice in Chicago, Illinois, with a special interest in female urological problems.



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PEARLS OF WISDOM

Missing You

I am missing our/spirit/mind/body blending,
in a sweet and sweeter harmony
I am missing drinking your laughter
like air/a smile that answers my own

I am missing

Our love that reaches across time and space and lifetimes
Our hearts remember what our minds forget

The music in us, between us as we dance
to rhythms ancient yet new
The high romance of us knowing,
any moment that we love is *special*

Having experienced the world,
we know how precious love is
how very precious our love is

'Cause we remember who we really are
in each other's presence
beautiful more than anything
connected by the light that is our love

I am missing you
Beloved
missing you, missing you

A woman I have not met

Yet....

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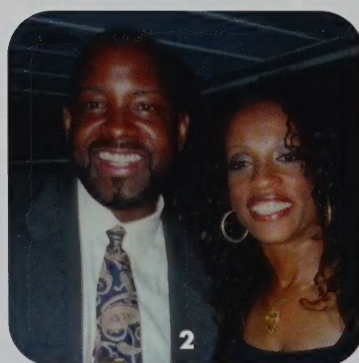
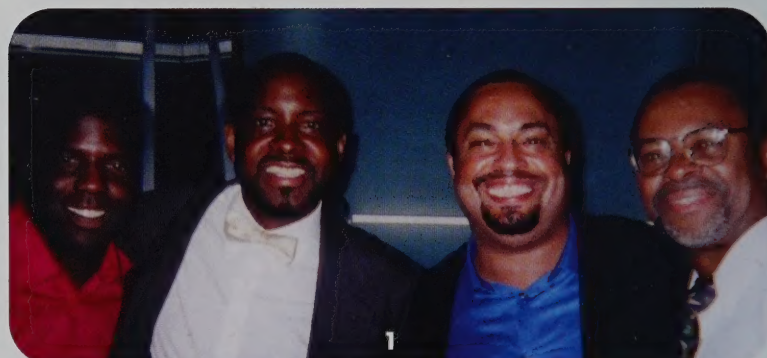
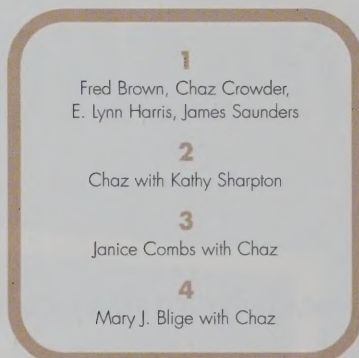
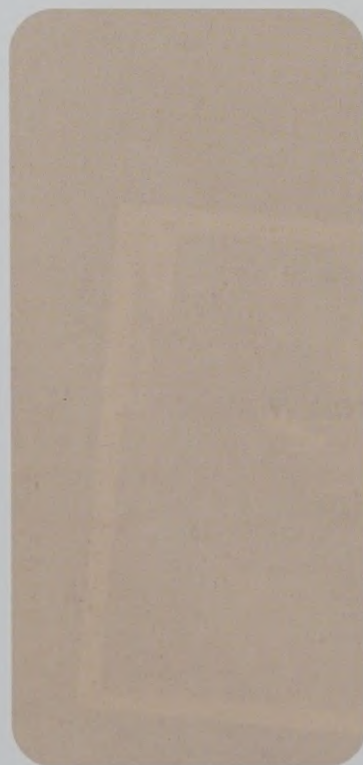
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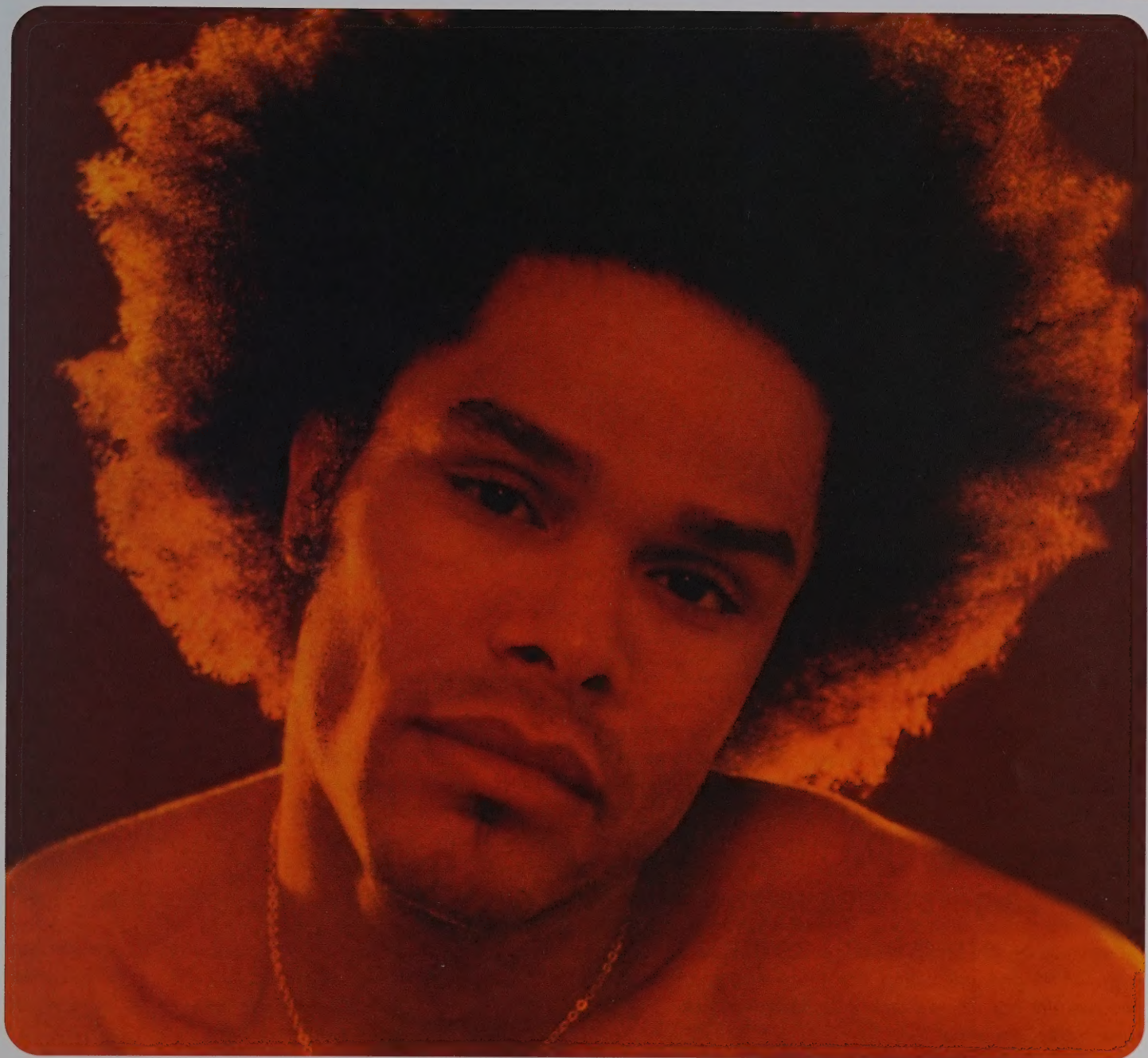
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MAXWELL now

SONY MUSIC

With a sly, gurgling funk of "Get To Know Ya," the first single from *Now*, Maxwell announces his return in sensual, celebratory terms. As a horn section punches in and out, bobbing and weaving in counterpoint to his heartfelt testimony, Maxwell signifies that for him, sexual attraction involves understanding a woman, not objectifying her. It's this kind of old-fashioned romantic attitude fused with an utterly modern sound that's help Maxwell stand out in a crowded field of R&B soul men. And it's what makes *Now*, his third full-length studio album, his most sophisticated and sexiest yet.

MAXWELL now

Following the platinum success of 1996's *Maxwell's Urban Hang Suite* and 1998's *Embrya* as well as 1997's gold-certified *MTV Unplugged*, *Now* is both conceptually simpler while, at the same time, a leap forward in consciousness.

"*Now* is about a moment to moment energy," says the singer and songwriter, "and that in itself can be a cohesive idea, just as much as a concept record. Whereas my first album was definitely about a specific concept—a love affair—this album is more about having experiences and writing about them and not being on some grandiose trip. It ties in to the idea of just letting things be, rather than being cautious or contrived."

Maxwell, who almost single-handedly ushered in a new era in contemporary soul when he released *Maxwell's Urban Hang Suite* in 1996, is not a man to sit still for long nor one to repeat himself. "I named it *Now* because—whereas *Urban Hang Suite* was the past, and *Embrya* was about the future, about consciousness and the euphoric, surreal, intangible energy in music—this album is about the moment, encompassing both the past and the future at the same time. There's a combination of everything in this record," Maxwell explains.

"It's about randomness and about being really honest, feeling really sexy at one moment and then feeling really stupid and happy and giddy. It's like me saying to a girl, 'Sometimes I just want to talk to you.' It's also about being a grown-up and not acting like I'm twenty-one anymore, because I'm not. There's funk in it, clear song structures in some tracks, some not."

Maxwell attributes inspiration from legendary guitarist Wah Wah Watson, who's played with a vast array of artists including Marvin Gaye, Pharoah Sanders, Herbie Hancock and Barry White.

Maxwell was born in Brooklyn with the traditions of West Indian music inside his home, while on the outside hip-hop and early '80s soul ruled the asphalt. "More than anything I went and found the sounds that I like," he remembers. "I wasn't necessarily influenced by everything that was around me when I grew up, but having family from four islands in the Caribbean made for a wealth of influences."

Growing up in a rough and tumble neighborhood of East New York, the shy teenager tended to be a loner and spent hours in the bedroom composing a growing catalog of songs. "Music filled my time up, and it brought me to a place where I had hope for a better future. I loved growing up there in that element and what it meant."

With his debut, Maxwell changed the R&B game forever. The album was a conceptual whole, devoted to exploring a single love affair, and with his sultry falsetto and elegant musical arrangements, Maxwell added a much-needed dose of old fashioned romance to R&B at a time when increasingly tacky bump n' grind was the order of the day. "At the end of the day," he says, "if it's sensual, it's timeless. Sexuality has a lot of trends and essentially, if you're centered about what you do, and don't worry what your boys think about you, if you're just being what you are, people will gravitate toward that. I'm not always on the mark but all you can do is live and try."

As he found material success, though, Maxwell discovered that something was still missing, and delved more deeply into a spiritual path which had always been part of his life, but by his early twenties, had become an all-consuming passion. The songs on *Embrya* reflect the heart and mind of an artist in the process of transformation.

With *Now*, the process is by no means over. But we can hear a clearer, more resolved version of Maxwell: he has integrated meditation, musings and readings, as well as his own life experience, into the songwriting process.

Asked where he sees *Now* fitting into the arc of his career, Maxwell is typically optimistic. "I think I'm growing up. Not just in terms of the charts, but in terms of consciousness and self-awareness. Not being too serious, and yet being serious. Everything at once. When you live in the moment, it's everything at once, the possibilities of the future, and the past, too. You can really relish things as they happen when you don't worry about what was and what will be. You make it happen by being in the moment." 

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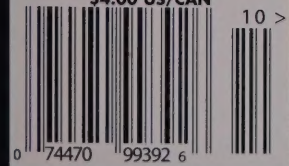
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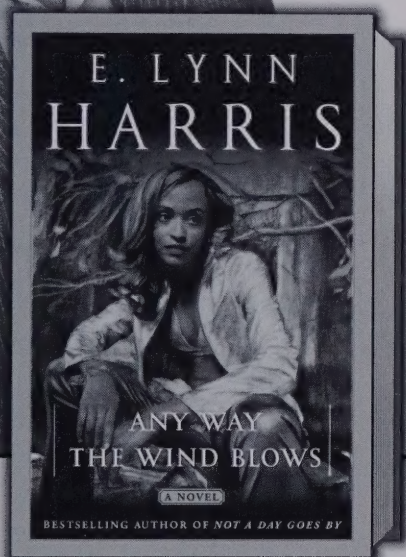
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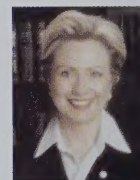
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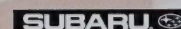
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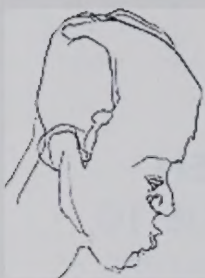
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This issue includes author G.B.Mann's first contribution to Arise. This Howardite's critically-acclaimed collection of short stories, *Low-Hanging Fruit* (now in paperback), was published by Grapevine Press in 1998. The Los Angeles-based Mann is currently at work on a novel and a stage play. www.grapevineone.com/press



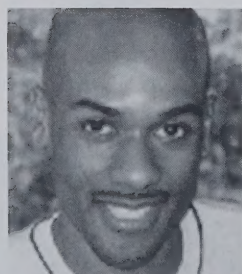
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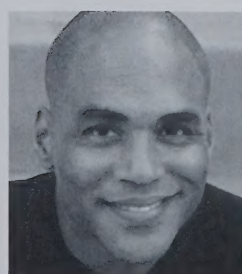
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Phill Wilson is the executive founder of the African-American AIDS Policy and Training Institute at the University of Southern California. He is founder of the National Black Lesbian and Gay Leadership Forum and cofounder of the National Task Force on AIDS Prevention. Mr. Wilson has worked extensively on HIV/AIDS policy, research, prevention and treatment issues in Russia, Latvia, the Ukraine, The United Kingdom, Holland, Germany, France, Mexico, South Africa, Zimbabwe, Zambia, Tanzania and India. Phill Wilson joins ARISE Magazine as one of the newest contributing editors for a column committed to HIV/AIDS and the black community.

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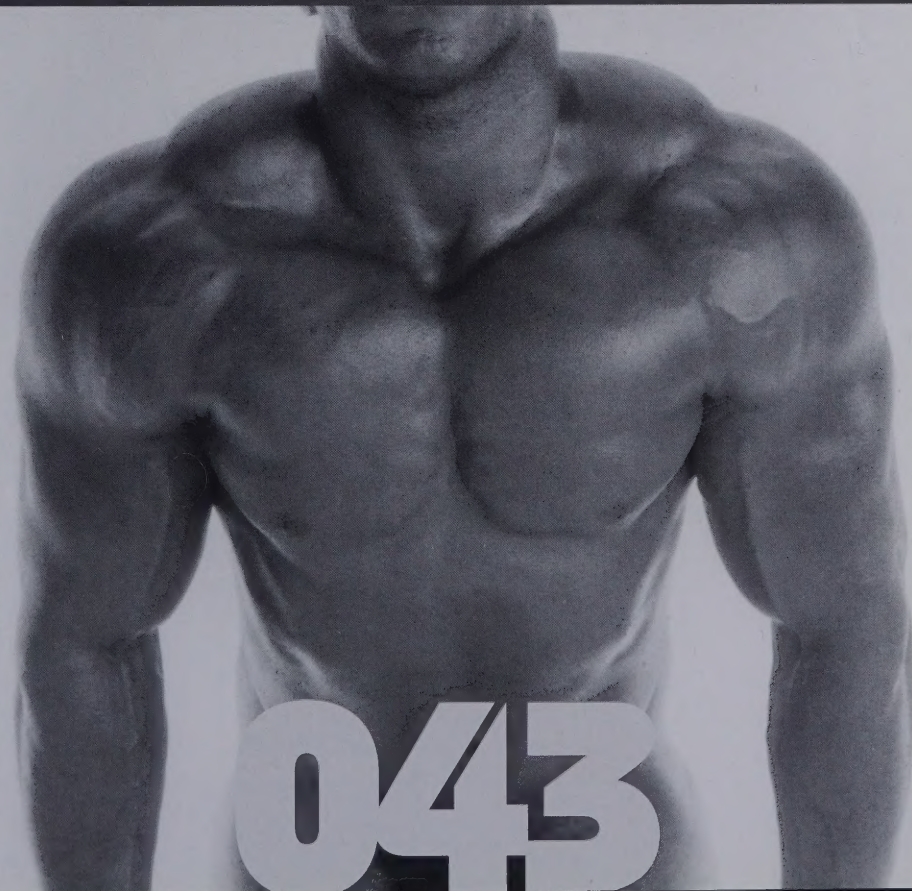
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abacavir sulfate + lamivudine + zidovudine
300 mg 150 mg 300 mg

O N E T A B L E T T W I C E A D A Y

TRIZIVIR is for adults and adolescents who weigh 88 pounds or more. TRIZIVIR does not cure HIV infection/AIDS or prevent passing HIV to others. At this time, it's not known whether taking TRIZIVIR will slow the progress of HIV disease or help you live longer.

Important Safety Information

TRIZIVIR contains abacavir, which is also called ZIAGEN. About 1 in 20 patients (5%) who take abacavir (as TRIZIVIR or ZIAGEN) will have a **serious allergic reaction** (hypersensitivity reaction) that **may cause death if the drug is not stopped right away.**

You may be having this reaction if:

(1) you get a skin rash, or

(2) you get 1 or more symptoms from at least 2 of the following groups:

- Fever
- Extreme tiredness, achiness, generally ill feeling
- Nausea, vomiting, diarrhea, abdominal
- Sore throat, shortness of breath, cough
- (stomach area) pain

If you think you may be having a reaction, **STOP taking TRIZIVIR and call your doctor right away.**

If you stop treatment with TRIZIVIR because of this serious reaction, **NEVER take abacavir (as TRIZIVIR or ZIAGEN) again.** If you take any of these medicines again after you have had this serious reaction, **you could die within hours.**

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1 tablet



2 times a day



3 medicines

3 HIV medicines in 1 tablet

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3-in-1 therapy

Talk to your healthcare professional about whether TRIZIVIR may be right for you. For more information, call 1-888-825-5249.

Some patients who have stopped taking abacavir (as TRIZIVIR or ZIAGEN) and who have then started taking abacavir again have had serious or life-threatening allergic (hypersensitivity) reactions. If you must stop treatment with TRIZIVIR for reasons other than symptoms of hypersensitivity, do not begin taking it again without talking to your healthcare provider. If your healthcare provider decides that you may begin taking abacavir (as TRIZIVIR or ZIAGEN) again, you should do so only in a setting with other people to get access to a doctor, if needed.

A written list of these symptoms is on the Warning Card your pharmacist gives you. Carry this Warning Card with you.

Make sure to see your doctor regularly because serious side effects can occur, such as muscle damage and a decrease in red and/or white blood cells, especially in patients with advanced HIV disease or AIDS.

A buildup of lactic acid and severe liver problems, including fatal cases, have been reported with HIV drugs of this type, including the medicines in TRIZIVIR and other antiretrovirals.

The most common side effects of taking the medicines in TRIZIVIR together are nausea, vomiting, diarrhea, loss of appetite, weakness or tiredness, headache, dizziness, pain or tingling of the hands or feet, and muscle and joint pain. Most of these side effects were mild to moderate and did not cause people to stop taking these medicines.¹

Reference: 1. Data on file, GlaxoSmithKline.

Please see important information for TRIZIVIR on adjacent page.

www.TRIZIVIR.com



MEDICATION GUIDE

TRIZIVIR® (TRY-zih-veer) Tablets

Generic name: abacavir sulfate, lamivudine, and zidovudine

Read the Medication Guide you get each time you fill your prescription for Trizivir. There may be new information since you filled your last prescription.

What is the most important information I should know about Trizivir?

Trizivir contains abacavir, which is also called Ziagen®. About 1 in 20 patients (5%) who take abacavir (as Trizivir or Ziagen) will have a **serious allergic reaction** (hypersensitivity reaction) that **may cause death if the drug is not stopped right away**.

You may be having this reaction if:

(1) you get a skin rash, or

(2) you get 1 or more symptoms from at least 2 of the following groups:

- **Fever**
- **Nausea, vomiting, diarrhea, abdominal (stomach area) pain**
- **Extreme tiredness, achiness, generally ill feeling**
- **Sore throat, shortness of breath, cough**

If you think you may be having a reaction, **STOP taking Trizivir and call your doctor right away**.

If you stop treatment with Trizivir because of this serious reaction, **NEVER take abacavir (as Trizivir or Ziagen) again**. If you take any of these medicines again after you have had this serious reaction, **you could die within hours**.

Some patients who have stopped taking abacavir (as Trizivir or Ziagen) and who have then started taking abacavir again have had serious or life-threatening allergic (hypersensitivity) reactions. If you must stop treatment with Trizivir for reasons other than symptoms of hypersensitivity, do not begin taking it again without talking to your health care provider. If your health care provider decides that you may begin taking abacavir (as Trizivir or Ziagen) again, you should do so only in a setting with other people to get access to a doctor if needed.

A written list of these symptoms is on the Warning Card your pharmacist gives you. Carry this Warning Card with you.

Trizivir can have other serious side effects. Be sure to read the section below entitled "What are the possible side effects of Trizivir?"

What is Trizivir?

Trizivir is a medicine used to treat HIV infection. Trizivir includes 3 medicines: Ziagen (abacavir), Epivir® (lamivudine or 3TC®), and Retrovir® (zidovudine, AZT, or ZDV).

All 3 of these medicines are called nucleoside analogue reverse transcriptase inhibitors (NRTIs). When used together, they help lower the amount of HIV in your blood. This helps to keep your immune system as healthy as possible so it can fight infection.

Different combinations of medicines are used to treat HIV infection. You and your doctor should discuss which combination of medicines is best for you.

Trizivir does not cure HIV infection or AIDS. Trizivir has not been studied long enough to know if it will help you live longer or have fewer of the medical problems that are associated with HIV infection or AIDS. Therefore, you must see your health care provider regularly.

Who should not take Trizivir?

Do not take Trizivir if you have ever had a serious allergic reaction (a hypersensitivity reaction) to any of the medicines that make up Trizivir, especially Ziagen (abacavir). If you have had such a reaction, return all of your unused Trizivir to your doctor or pharmacist.

Do not take Trizivir if you weigh less than 90 pounds.

How should I take Trizivir?

To help make sure that your anti-HIV therapy is as effective as possible, take your Trizivir exactly as your doctor prescribes it. Do not skip any doses.

The usual dosage is 1 tablet twice a day. You can take Trizivir with food or on an empty stomach.

If you miss a dose of Trizivir® (abacavir sulfate, lamivudine, and zidovudine), take the missed dose right away. Then, take the next dose at the usual scheduled time. Do not let your Trizivir run out. The amount of virus in your blood may increase if your anti-HIV drugs are stopped, even for a short time. Also, the virus in your body may become harder to treat.

What should I avoid while taking Trizivir?

Do not take Epivir, Retrovir, Combivir®, or Ziagen while taking Trizivir. These medicines are already in Trizivir.

Practice safe sex while using Trizivir. Do not use or share dirty needles. Trizivir does not reduce the risk of passing HIV to others through sexual contact or blood contamination.

Talk to your doctor if you are pregnant or if you become pregnant while taking Trizivir. Trizivir has not been studied in pregnant women. It is not known whether Trizivir will harm the unborn child.

Mothers with HIV should not breastfeed their babies because HIV is passed to the baby in breast milk. Also, Trizivir can be passed to babies in breast milk and could cause the child to have side effects.

What are the possible side effects of Trizivir?

Life-threatening allergic reaction. Trizivir contains abacavir, which is also called Ziagen. Abacavir has caused some people to have a life-threatening allergic reaction (hypersensitivity reaction) that can cause death. How to recognize a possible reaction and what to do are discussed in "What is the most important information I should know about Trizivir?" at the beginning of this Medication Guide.

Lactic acidosis and severe liver problems. The medicines in Trizivir can cause a serious condition called lactic acidosis and, in some cases, this condition can cause death. Nausea and tiredness that don't get better may be symptoms of lactic acidosis. Women are more likely than men to get this serious side effect.

Blood problems. Retrovir, one of the medicines in Trizivir, can cause serious blood cell problems. These include reduced numbers of white blood cells (neutropenia) and extremely reduced numbers of red blood cells (anemia). These blood cell problems are especially likely to happen in patients with advanced HIV disease or AIDS.

Your doctor should be checking your blood cell counts regularly while you are taking Trizivir. This is especially important if you have advanced HIV or AIDS. This is to make sure that any blood cell problems are found quickly.

Muscle weakness. Retrovir, one of the medicines in Trizivir, can cause muscle weakness. This can be a serious problem.

Other side effects. Trizivir can cause other side effects. The most common side effects of taking the medicines in Trizivir together are nausea, vomiting, diarrhea, loss of appetite, weakness or tiredness, headache, dizziness, pain or tingling of the hands or feet, and muscle and joint pain.

This listing of side effects is not complete. Your doctor or pharmacist can discuss with you a more complete list of side effects with Trizivir.

Ask a health care professional about any concerns about Trizivir. If you want more information, ask your doctor or pharmacist for the labeling for Trizivir that was written for health care professionals.

Do not use Trizivir for a condition for which it was not prescribed. Do not give Trizivir to other persons.

GlaxoWellcome

Glaxo Wellcome Inc.
Research Triangle Park, NC 27709

November 2000

MG-011

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TRZ022R0

May 2001



YOUR FEEDBACK

009

After reading ARISE for the last six months, I finally told my best friend I am not heterosexual. Though we have known each other for more than forty years, we have never discussed our sexuality. ARISE gave me the courage. I wonder what my life would have been like had there been a publication like ARISE when I first came to question my identity. I know from firsthand experience that there are many women and men in our community that suffer in silence for fear they will be alienated by their friends family and loved ones. ARISE has reminded me of what my grandmother always knew and told me growing up, I am divinely made and perfectly loved. I want to challenge you to reach folks in rural communities and let them know that they too really do have a reason to ARISE.

Adolphus Wesson, (57 years old)
Nashville, TN

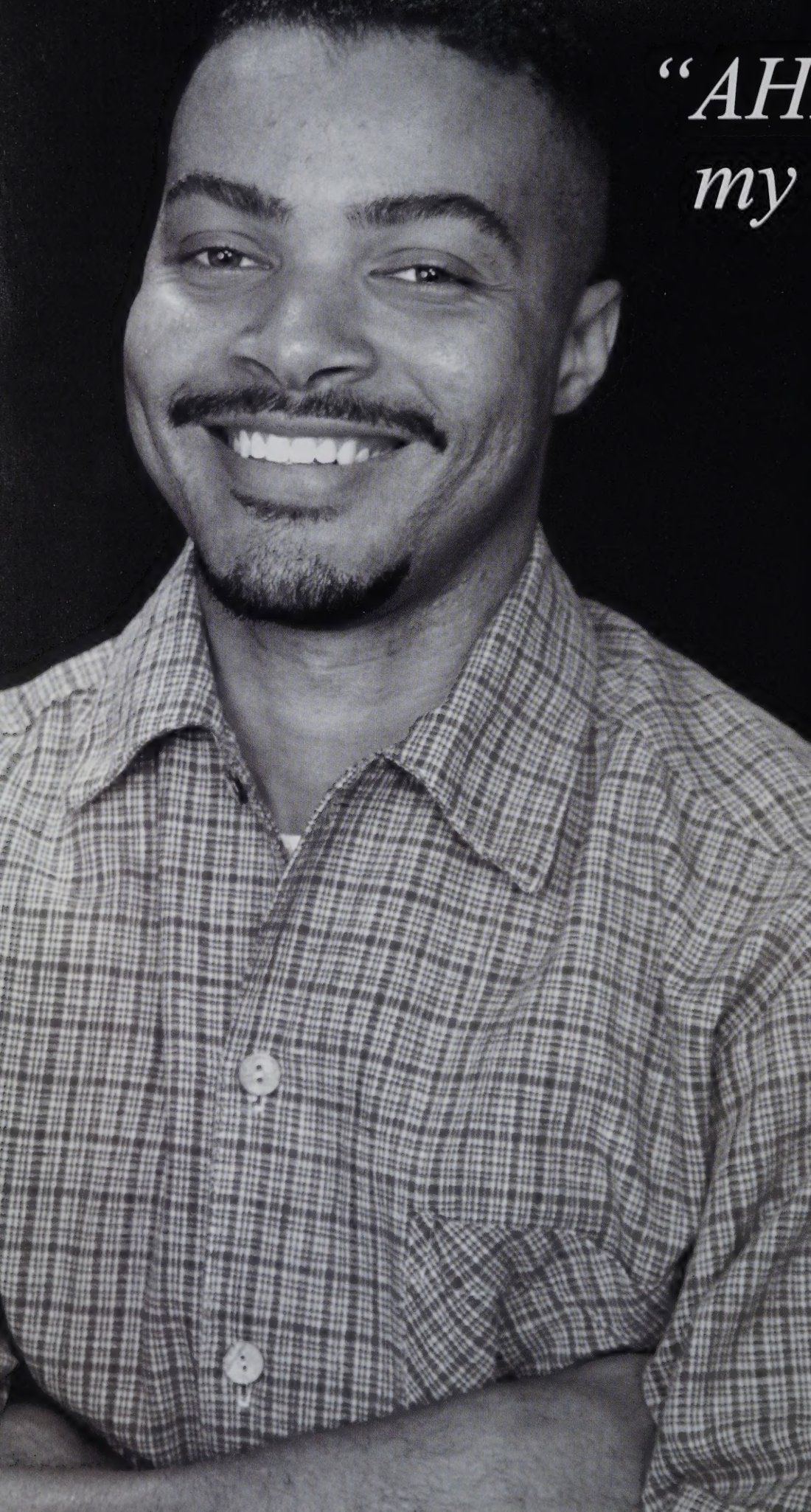
ARISE Magazine should be commended for the outstanding job you are doing of bringing visibility to the transgender community. I particularly appreciate that you are not perpetuating the stereotypical images of our community, but instead you seem to be trying to break through those barriers and educate, inform and inspire. The writer for the column on transgenders, Sharyn Grayson seems like an aunt that I have know all my life though we have never met. I hope to meet her one day. I do want to encourage you to explore issues that pertain to the Male To Female transgender people as well. Thank you for a great work.

Clarence Covington
Dayton, Ohio

Celebrating Women! The August issue was an exhortation to all sisters to push ahead. The stories of the women you featured were inspiring and encouraging. ARISE has done it again and raised the bar even higher. Thank you for your imagination, creativity and diligence.

Corinthia Scott
Denver, CO

ARISE encourages the comments and submissions from readers. Please send your comments to ARISE Magazine, 2121 Peralta Street, Suite 126, Oakland, CA 94607 or email us at arise@arisemag.com. Letters chosen for publication may be edited for length and clarity. All submissions and manuscripts become the property of ARISE Communications, Inc. and because of heavy volume will not be returned to the sender unless accompanied by a self-address stamped envelope.



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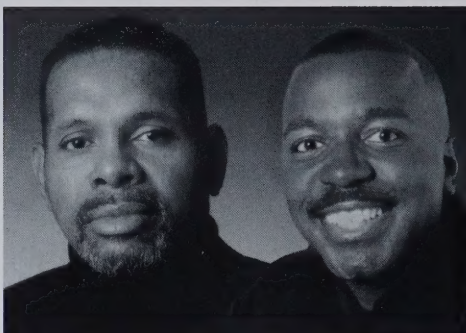
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THE WAY OF HONOR

African, Caribbean, Puerto Rican, Cuban, American and mixed heritage black men who sing across oceans, shout across continents and dance over galaxies to declare their love for one another are worthy of honor. For too long we have languished over words that define our particular self-description at the expense of building on our shared experiences as men who love other men. It's time to move the conversation forward. We must take time in this moment to honor ourselves, each other and the paths we have traveled.



In a time where destruction and violence would seem to take our dreams hostage and hold our hope captive, I want to put forth another perspective. We can embrace the beauty of the black men we see every day and take the time to honor them with eye contact, a greeting, a moment of appreciation – even an embrace that declares we are worthy of honor, respect and admiration.

We have been given a devastatingly powerful reminder of how quickly and senselessly life can be snatched from our hands, our breaths stolen in an instant. If there is but one message that I take from the horrific loss of life that occurred on September 11, 2001, it is that we must hold each other in love and strengthen our bonds of peace while we still have time.

For centuries black men have known destruction, yet we continue to fight against the odds to declare our own truth. But can there be anything more powerful than one brother saying to another "I see your power, I know your value, I honor you today for being just who you are"?

As the creators of ARISE Magazine, we believe that when we as black men who love men begin to live out of a place of valuing ourselves and each other, we will discover a source of strength and power which defies limitation. We may even discover that we needn't be either "down" or "low" to be who we are, but instead we can choose to get up, Rise up, ARISE even and honor one another for no other reason than we are worthy, and our hour has come.

To every elder that paved the way for us to have a voice in this moment, we honor you. To every African descendant man that has declared their truth with boldness, we honor you. To every brother that continues to wrestle in silence with the question of their own truth – we honor you. To the unborn generation of black men that will some day cross this road, we reserve a place of honor for you. To every person that has shaped our hearts, minds, bodies, spirits and souls we honor you. ARISE. For this day, you are worthy of honor.

Peace and Blessings

MacArthur H. Flournoy & Glenn Alexander
Publishers
Email: arise@ariseimag.com

MacArthur H. Flournoy *G. Alexander*

LIBATION TO THE ELDERS

013

FOR EACH OF YOU

Audre Lorde

Be who you are and will be
learn to cherish
that boisterous Black Angel that drives you
up one day and down another
protecting the place where power rises
running like hot blood
from the same source
as your pain.

When you are hungry
learn to eat
whatever sustains you
until morning
but do not be misled by details
simply because you live them.

Do not let your head deny
your hands
and memory of what passes through them
nor your eyes
nor your heart
everything can be used
except what is wasteful
(you will need to remember this when
you are accused of destruction)
Even when they are dangerous
examine the heart of those machines you hate
before you discard them
and never mourn the lack of their power
lest you be condemned
to relive them.

If you do not learn to hate
you will never be lonely
enough
to love easily
nor will you always be brave
although it does not grow any easier

Do not pretend to convenient beliefs
even when they are righteous
you will never be able to defend your city
while shouting

Remember our sun
is not the most noteworthy star
only the nearest



Respect whatever pain you bring back
from your dreaming
but do not look for new gods
in the sea
nor in any part of a rainbow
Each time you love
love as deeply
as if it were
forever
only nothing is
eternal.

Speak proudly to your children
where ever you may find them
tell them
you are the offspring of slaves
and your mother was
a princess
in darkness



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Pride, Support, Affirmation

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is all about

Looking to connect?

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our diversity and empowering ourselves. **BE A PART OF IT!**

BLACK MEN/WHITE TOWELS

A FREE COMMUNITY EVENT FOR BLACK MEN ABOUT BROTHERS IN SEX CLUBS
part of the SEX/life series

Friday, October 26, 2001

8pm - 10pm at EROS • 2051 Market St. (near Church)

What brings you to sex clubs? A chance for hot sex/intimacy/community? Does it matter? Is it a celebration or addiction? A chance to talk deep and explore assumptions about the politics and power behind the steam and how to get what you want and feel good about it. Join us before you hand in the towel in this revealing conversation.

The SEX/life series is a collaboration
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Because it saves future options. When choosing a treatment plan, it's important to consider what options you will have in the future. Studies show taking VIRACEPT early on leaves you with choices in treatment for later. Ask your doctor about your future with VIRACEPT.

VIRACEPT®
nelfinavir mesylate
tablets and oral powder

VIRACEPT is indicated in combination with other antiretroviral agents for the treatment of HIV infection. The most common side effect of VIRACEPT is diarrhea, which can usually be controlled with over-the-counter treatments. Some prescription and non-prescription drugs and supplements should not be taken with VIRACEPT, so talk to your doctor first. For some people, protease inhibitors have been associated with the onset or worsening of diabetes mellitus and hyperglycemia, changes in body fat, and increased bleeding in hemophiliacs. **HIV drugs do not cure HIV infection or prevent you from spreading the virus.**

Refer to the important information on the next page. For more information, call toll free 1-888-VIRACEPT or visit www.viracept.com.

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Information for Patients about VIRACEPT® (VI-ra-cept)

Generic Name: nelfinavir (nel-FIN-na-veer) mesylate

For the Treatment of Human
Immunodeficiency Virus (HIV) Infection

Please read this information carefully before taking VIRACEPT. Also, please read this leaflet each time you renew the prescription, just in case anything has changed. This is a summary and not a replacement for a careful discussion with your doctor. You and your doctor should discuss VIRACEPT when you start taking this medication and at regular checkups. You should remain under a doctor's care when taking VIRACEPT and should not change or stop treatment without first talking with your doctor.

Alert: Find out about medicines that should NOT be taken with VIRACEPT. Please also read the section "MEDICINES YOU SHOULD NOT TAKE WITH VIRACEPT".

WHAT IS VIRACEPT AND HOW DOES IT WORK?

VIRACEPT is used in combination with other antiretroviral drugs in the treatment of people with human immunodeficiency virus (HIV) infection. Infection with HIV leads to the destruction of CD4 T cells, which are important to the immune system. After a large number of CD4 cells have been destroyed, the infected person develops acquired immune deficiency syndrome (AIDS).

VIRACEPT works by blocking HIV protease (a protein-cutting enzyme), which is required for HIV to multiply. VIRACEPT has been shown to significantly reduce the amount of HIV in the blood. Although VIRACEPT is not a cure for HIV or AIDS, VIRACEPT can help reduce your risk for death and illness associated with HIV. Patients who took VIRACEPT also had significant increases in the number of CD4 cell count.

VIRACEPT should be taken together with other antiretroviral drugs such as Retrovir® (zidovudine, AZT), EpiVir® (lamivudine, 3TC), or Zert® (stavudine, d4T). Taking VIRACEPT in combination with other antiretroviral drugs reduces the amount of HIV in the body (viral load) and raises CD4 counts.

VIRACEPT may be taken by adults, adolescents, and children 2 years of age or older. Studies in infants younger than 2 years of age are now taking place.

DOES VIRACEPT CURE HIV OR AIDS?

VIRACEPT is not a cure for HIV infection or AIDS. People taking VIRACEPT may still develop opportunistic infections or other conditions associated with HIV infection. Some of these conditions are pneumonia, herpes virus infections, *Mycobacterium avium* complex (MAC) infections, and Kaposi's sarcoma.

There is no proof that VIRACEPT can reduce the risk of transmitting HIV to others through sexual contact or blood contamination.

WHO SHOULD OR SHOULD NOT TAKE VIRACEPT?

Together with your doctor, you need to decide whether VIRACEPT is appropriate for you. In making your decision, the following should be considered:

Allergies: if you have had a serious allergic reaction to VIRACEPT, you must not take VIRACEPT. You should also inform your doctor, nurse, or pharmacist of any known allergies to substances such as other medicines, foods, preservatives, or dyes.

If you are pregnant: The effects of VIRACEPT on pregnant women or their unborn babies are not known. If you are pregnant or plan to become pregnant, you should tell your doctor before taking VIRACEPT.

If you are breast-feeding: You should discuss with your doctor the best way to feed your baby. You should be aware that if your baby does not already have HIV, there is a chance that it can be transmitted through breast-feeding. **Women should not breast-feed if they have HIV.**

Children: VIRACEPT is available for the treatment of children 2 through 13 years of age with HIV. There is a powder form of VIRACEPT that can be mixed with milk, baby formula, or foods like pudding. Instructions on how to take VIRACEPT powder can be found in a later section that discusses how VIRACEPT Oral Powder should be prepared.

If you have liver disease: VIRACEPT has not been studied in people with liver disease. If you have liver disease, you should tell your doctor before taking VIRACEPT.

Other medical problems: Certain medical problems may affect the use of VIRACEPT. Some people taking protease inhibitors have developed new or more serious diabetes or high blood sugar. Some people with hemophilia have had increased bleeding. It is not known whether the protease inhibitors caused these problems. Be sure to tell your doctor if you have hemophilia types A and B, diabetes mellitus, or an increase in thirst and/or frequent urination.

Changes in body fat have been seen in some patients taking protease inhibitors. These changes may include increased amount of fat in the upper back and neck ("buffalo hump"), breast, and around the trunk. Loss of fat from the face, legs and arms may also happen. The cause and long-term health effects of these conditions are not known at this time.

CAN VIRACEPT BE TAKEN WITH OTHER MEDICATIONS?

VIRACEPT may interact with other drugs, including those you take without a prescription. You must discuss with your doctor any drugs that you are taking or are planning to take before you take VIRACEPT.

Medicines you should not take with VIRACEPT:

Propulsid® (cisapride, for heartburn)

Cordarone® (amiodarone, for irregular heartbeat)

Quinidine (for irregular heartbeat), also known as Quinaglute®, Cardioquin®, Quinidex®, and others

Ergot derivatives (Cafegot® and others, for migraine headache)

Halcion® (triazolam)

Versed® (midazolam)

Mevacor® (lovastatin, for cholesterol lowering)

Zocor® (simvastatin, for cholesterol lowering)

Taking the above drugs with VIRACEPT may cause serious and/or life-threatening adverse effects.

Rifampin® (for tuberculosis), also known as Rimactane®, Rifadin®, Rifater®, or Rifamate®
This drug reduces blood levels of VIRACEPT.

Dose reduction required if you take VIRACEPT with: Mycobutin® (rifabutin, for MAC); you will need to take a lower dose of Mycobutin.

A change of therapy should be considered if you are taking VIRACEPT with:

Phenobarbital

Phenytoin (Dilantin® and others)

Carbamazepine (Tegreto® and others)

These agents may reduce the amount of VIRACEPT in your blood and make it less effective.

Oral contraceptives ("the pill")

If you are taking the pill to prevent pregnancy, you should use a different type of contraception since VIRACEPT may reduce the effectiveness of oral contraceptives.

Special considerations

Before you take Viagra® (sildenafil) with VIRACEPT, talk to your doctor about possible drug interactions and side effects. If you take Viagra and VIRACEPT together, you may be at increased risk of side effects of Viagra such as low blood pressure, visual changes, and penile erection lasting more than 4 hours. If an erection lasts longer than 4 hours, you should seek immediate medical assistance to avoid permanent damage to your penis. Your doctor can explain these symptoms to you.

It is not recommended to take VIRACEPT with the cholesterol-lowering drugs Mevacor® (lovastatin) or Zocor® (simvastatin) because of possible drug interactions. There is also an increased risk of drug interactions between VIRACEPT and Lipitor® (atorvastatin) and Baycol® (cerivastatin); talk to your doctor before you take either of these cholesterol reducing drugs with VIRACEPT.

Taking St. John's wort (hypericum perforatum), an herbal product sold as a dietary supplement, or products containing St. John's wort with VIRACEPT is not recommended. Talk with your doctor if you are taking or are planning to take St. John's wort. Taking St. John's wort may decrease VIRACEPT levels and lead to increased viral load and possible resistance to VIRACEPT or cross resistance to other antiretroviral drugs.

HOW SHOULD VIRACEPT BE TAKEN WITH OTHER ANTI-HIV DRUGS?

Taking VIRACEPT together with other anti-HIV drugs increases their ability to fight the virus. It also reduces the opportunity for resistant viruses to grow. Based on your history of taking other anti-HIV medicine, your doctor will direct you on how to take VIRACEPT and other anti-HIV medicines. These drugs should be taken in a certain order or at specific times. This will depend on how many times a day each medicine should be taken. It will also depend on whether it should be taken with or without food.

Nucleoside analogues: No drug interaction problems were seen when VIRACEPT was given with:

Retrovir (zidovudine, AZT)

EpiVir (lamivudine, 3TC)

Zerit (stavudine, d4T)

Videx® (didanosine, ddl)

If you are taking both Videx (ddl) and VIRACEPT:

Videx should be taken without food, on an empty stomach. Therefore, you should take VIRACEPT with food one hour after or more than two hours before you take Videx.

Nonnucleoside reverse transcriptase inhibitors (NNRTIs):

When VIRACEPT is taken together with:

Viramune® (nevirapine)

The amount of VIRACEPT in your blood is unchanged. A dose adjustment is not needed when VIRACEPT is used with Viramune.

Sustiva™ (efavirenz)

The amount of VIRACEPT in your blood may be increased. A dose adjustment is not needed when VIRACEPT is used with Sustiva.

Other NNRTIs

VIRACEPT has not been studied with other NNRTIs.

Other protease inhibitors:

When VIRACEPT is taken together with:

Crixivan® (indinavir)

The amount of both drugs in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

Norvir™ (ritonavir)

The amount of VIRACEPT in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

Invirase® (saquinavir)

The amount of saquinavir in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

WHAT ARE THE SIDE EFFECTS OF VIRACEPT?

Like all medicines, VIRACEPT can cause side effects. Most of the side effects experienced with VIRACEPT have been mild to moderate. Diarrhea is the most common side effect in people taking VIRACEPT, and most adult patients had at least mild diarrhea at some point during treatment. In clinical studies, about 15-20% of patients receiving VIRACEPT 750 mg (three tablets) three times daily or 1250 mg (five tablets) two times daily had four or more loose stools a day. In most cases, diarrhea can be controlled using antidiarrheal medicines, such as Imodium® A-D (loperamide) and others, which are available without a prescription.

Other side effects that occurred in 2% or more of patients receiving VIRACEPT include nausea, gas and rash.

There were other side effects noted in clinical studies that occurred in less than 2% of patients receiving VIRACEPT. However, these side effects may have been due to other drugs that patients were taking or to the illness itself. Except for diarrhea, there were not many differences in side effects in patients who took VIRACEPT along with other drugs compared with those who took only the other drugs. For a complete list of side effects, ask your doctor, nurse, or pharmacist.

HOW SHOULD I TAKE VIRACEPT?

VIRACEPT is available only with your doctor's prescription. Your doctor may prescribe the light blue VIRACEPT Tablets either as 1250 mg (five tablets) taken two times a day or as 750 mg (three tablets) taken three times a day. VIRACEPT should always be taken with a meal or a light snack. VIRACEPT tablets are film-coated to help make the tablets easier to swallow.

Take VIRACEPT exactly as directed by your doctor. Do not increase or decrease any dose or the number of doses per day. Also, take this medicine for the exact period of time that your doctor has instructed. **Do not stop taking VIRACEPT without first consulting with your doctor, even if you are feeling better.**

Only take medicine that has been prescribed specifically for you. Do not give VIRACEPT to others or take medicine prescribed for someone else.

The dosing of VIRACEPT may be different for you than for other patients. **Follow the directions from your doctor, exactly as written on the label.** The amount of VIRACEPT in the blood should remain somewhat consistent over time. Missing doses will cause the concentration of VIRACEPT to decrease; therefore, **you should not miss any doses.** However, if you miss a dose, you should take the dose as soon as possible and then take your next scheduled dose and future doses as originally scheduled.

Dosing in adults (including children 14 years of age and older)

The recommended adult dose of VIRACEPT is 1250 mg (five tablets) taken two times a day or 750 mg (three tablets) taken three times a day. Each dose should be taken with a meal or light snack.

Dosing in children 2 to 13 years of age

The VIRACEPT dose in children depends on their weight. The recommended dose is 20 to 30 mg/kg (or 9 to 14 mg/pound) per dose, taken three times daily with a meal or light snack. This can be administered either in tablet form or, in children unable to take tablets, as VIRACEPT Oral Powder.

Dose instructions will be provided by the child's doctor. The dose will be given three times daily using the measuring scoop provided, a measuring teaspoon, or one or more tablets depending on the weight and age of the child. The amount of oral powder or tablets to be given to a child is described in the chart below.

Pediatric Dose to Be Administered Three Times Daily				
Body Weight Kg	Number of Level Scoops*	Number of Level Teaspoons†	Number of Tablets	
7 to <8.5	15.5 to <18.5	4	1	—
8.5 to <10.5	18.5 to <23	5	1 1/4	—
10.5 to <12	23 to <26.5	6	1 1/2	—
12 to <14	26.5 to <31	7	1 3/4	—
14 to <16	31 to <35	8	2	—
16 to <18	35 to <39.5	9	2 1/4	—
18 to <23	39.5 to <50.5	10	2 1/2	2
≥23	≥50.5	15	3 3/4	3

In measuring oral powder, the scoop or teaspoon should be level.

* 1 level scoop contains 50 mg of VIRACEPT. Use only the scoop provided with your VIRACEPT bottle.

† 1 level teaspoon contains 200 mg of VIRACEPT. Note: **A measuring teaspoon used for dispensing medication** should be used for measuring VIRACEPT Oral Powder. Ask your pharmacist to make sure you have a medication dispensing teaspoon.

How should VIRACEPT Oral Powder be prepared?

The oral powder may be mixed with a small amount of water, milk, formula, soy formula, soy milk, dietary supplements, or dairy foods such as pudding or ice cream. Once mixed, the entire amount must be taken to obtain the full dose.

Do **not** mix the powder with any acidic food or juice, such as orange or grapefruit juice, apple juice, or apple sauce, because this may create a bitter taste.

Once the powder is mixed, it may be stored at room temperature or refrigerated for up to 6 hours. Do **not** heat the mixed dose once it has been prepared.

Do **not** add water to bottles of oral powder.

VIRACEPT powder is supplied with a scoop for measuring. For help in determining the exact dose of powder for your child, please ask your doctor, nurse, or pharmacist.

VIRACEPT Oral Powder contains aspartame, a low-calorie sweetener, and therefore should not be taken by children with phenylketonuria (PKU).

HOW SHOULD VIRACEPT BE STORED?

Keep VIRACEPT and all other medicines out of the reach of children. Keep bottle closed and store at room temperature (between 59°F and 86°F) away from sources of moisture such as a sink or other damp place. Heat and moisture may reduce the effectiveness of VIRACEPT.

Do not keep medicine that is out of date or that you no longer need. Be sure that if you throw any medicine away, it is out of the reach of children.

Discuss all questions about your health with your doctor. If you have questions about VIRACEPT or any other medication you are taking, ask your doctor, nurse, or pharmacist. You can also call 1.888.VIRACEPT (1.888.847.2237) toll free.

Call 1.888.VIRACEPT

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1-V01171-BG

L203-0001 PPI
Rev. 01/25/01

WHAT IS BLACK MASCULINITY

By Kheven Lee LaGrone



What is masculinity? And more specifically, what is Black masculinity? I asked myself as I sat in the audience of a panel on Black gay men as positive role models. Was masculinity essential, they asked. One of the men on the panel wore a skirt. He bragged that he often wore skirts in public. He felt he was making a statement. The audience members debated whether or not this was empowering. It was argued that it challenged white supremacists' constructions of the hyper-masculine Black male. A man in the audience defiantly labeled himself a "woman." There was even debate about whether or not a transexual could be a good role model. Was a new masculinity, particularly a Black masculinity, being constructed or was the old one simply being resurrected with a debate using the traditional masculine language?

Is an African-American man wearing a dress in public truly subversive or challenging notions of Black masculinity? I might argue that the act is personally liberating. It tells his world not to put him in a masculine straitjacket.

It gave him visibility, but visibility is not power. True, the public saw a man in a skirt, but how did they receive it? Flip Wilson wore dresses when he played Geraldine. Blaine and Antoine sashayed on *In Living Color*. Did these performances, by heterosexual men for a mainly heterosexual audience, empower African-American homosexuals?

And is it truly subversive when a man identifies himself as a woman? Can't he identify as 100% man and still be sensitive? Must he come out of his maleness to be sensitive and gentle? And in jumping from hard male to a soft woman, the sissy boy is still invisible. He is still the invalidated kid that nobody wanted to be.

Constructing A Black Masculinity:

Traditionally, in America, masculinity has meant power. It was the power to protect and defend. It was the power to dominate. It was the power to build and support a family. Even at the panel I attended, men challenged traditional notions of masculinity by arguing that women could be as strong as men.

True power, though, was the entitlement of white men.

African-American men didn't have access to that white male power. Before the Black Power Movement, they faced institutional job discrimination, segregation and even lynching. His "manhood" was so retarded white women called him "boy."

The Black Power Movement helped demolished many of those barriers to traditional white masculine power. How could America be the world's moral compass when its own products were

rebelling and rioting? Wasn't race caste a glaring violation of our American ideals? Job discrimination and segregation are illegal. But many argue the African-American man is still being castrated. There are books about his being threatened and assassinated. A few years ago, a group of African-American men went on national television demanding to be registered as "endangered species."

But how does a man reconstruct masculinity after he has been castrated?

In the 60s and 70s, a militant Black masculinity was constructed. He was strong and angry. He would protect "his woman."

True, we needed this strong Black male image. He revolutionized the way we saw ourselves. Black was no longer an insult; it became beautiful. Africa was no longer a place of shame; they embraced "the Motherland." We became Africans displaced in America. When the Negro was supposed to be nameless and faceless, he was loud and confrontational. When he was supposed to be ashamed of his appearance, he sported brightly-colored dashikis and natural hairstyles called Afros.

At the same time, the image of Black masculine power was skewed (especially since he still had little power in the larger society). During slavery, African-American women picked cotton next to their men. Now, the Black Man needed to keep his queen "in her place" in order to feel his power. If she was too strong, she threatened to emasculate him. This threatened the race. Yet, according to Eldridge Cleaver and other "theorist" of this Black masculine power, if a man was weak and feeble, his masculinity could degenerate and he could become effeminate. This man could grow up womanly and "become" homosexual. This homosexuality was the curse and sickness of the white man.

Gangsta rap's hyper-masculine Black male image of power is rooted in this skewed



notion of masculinity. Yet this Black masculinity is still castrated. His attempts to imitate traditional white masculine power are mere buffoonery. His angry scowls and posturing are entertainment for white suburbia. In a modern society where white women compete with white men, women in rap are often reduced to "bitches" and "ho's". Male rappers often display ostentatious jewelry and furs—once signifiers of rich, pampered white women (and who were usually ornaments for powerful white men).

Gangsta rap made this Black masculinity a commodity for entertaining white American teens. It defined its hyper-masculinity with senseless violence; extravagance; suggestions of the power of the Big Black Dick; misogyny and homophobia. Yet the violence was contained in the Black ghettos. The Big Black Dick was just a fantasy of the white male; it did nothing to threaten the white male power structure. Misogynistic or not, the rappers needed women—if for nothing more than trophies or something to brag they whip their Big Black Dicks on.

The gangsta rapper still needed something to give him the appearance of Black masculine power. The homosexual remained a commercially safe target.

(Could this Black masculine power be exerted on white women and still be entertaining? What if we blurred the line between reality and white suburbia's fantasies? O. J. Simpson personifies to white America what the gangsta rapper marketed to them: the violent, misogynistic Black man with an extravagant lifestyle. He is not a hero among white teens.)

Black Masculinity and The Black Men Who Love It:

Many stories have been told of foolish African-American men who killed or died proving they weren't "punks" or "faggots." They were defending their Black "manhood." They weren't weak or soft.

Obviously, in this world, homosexuality is the antitheses of solid Black manhood. It is a fate worse than death.

I've heard Black gay men defend homosexuality locked within that mentality. They argue that gay men can be as strong as straight men. They've even chastised African-American men for not having the power to take care of their children.

Before entertaining with such debates, we should remember the old saying that "only a fool argues with fools."

Sadder is hearing African-American gay men eroticize that Black masculinity while negating each other with it. It may not be articulated directly, but in their reactions when faced with the contradiction of reality. One man told me that he loved "B-Boy Blues." But he threw the book down in disgust at the end when "the real man" got fucked.

A thin flamboyantly dressed African-American doctor meets two friends. When he leaves, one friend tells the other, "I heard he has a big dick and likes to fuck." The other friend huffs, "so what, she's still a queen." In a later conversation, he adds that he wants his man "to be a man . . . even if it is a façade."

Why were these African-American gay men disappointed, even disgusted, by breaches in their notions of masculinity? Were they as invested in Black masculinity as those straight men who died defending theirs?

And what does it say about these Black gay men? Are they empowered or casualties?

True Empowerment, Flexing Real Muscle:

Fag-bashing has been a staple of rap music for years. That was when the rappers and the music were Black. The white gay and lesbian community went ballistic when white rapper Eminem added his own fag-bashing. Now a controversy, it climaxed with Eminem singing a duet on national television with openly gay Elton John. It

became a big media event when they hugged at the end.

The white gay and lesbian community has flexed its muscle and won. Some Black gays and lesbians criticized the white gay and lesbians. Why didn't they attack the homophobia in rap sooner? Did they only care because Eminem was one of them? Because it was too close to home?

But in all fairness, the white gay and lesbian activist arms had been tied behind their backs. While Eminem claimed to only be trying to be provocative, Black rappers have been claiming to "droppin' science." They claimed to be the true voice of the oppressed urban Black male. The Black man had been cruelly silenced for centuries in this country, dare any white group come and oppress them again?

In fact, back in the 90s, several mainstream groups did attempt to censor gangsta rap. Black leaders and politicians rallied together whining "racism." They claimed the groups were trying to take away these men's right to freedom of speech.

The Black rappers needed homosexuals to bash. It helped create their hyper-masculine Black male image that white teenagers wanted. Closer to home, fag-bashing has always been needed to construct the image of Black masculine power.

CONTINUED FROM PG. 58



A LOVE LETTER TO YOUNG SAME-GENDER-LOVING (SGL), DOWN-LOW, HOMO-THUG, HOMIE-SEXUAL, BISEXUAL AND AT-RISK GAY IDENTIFYING BLACK BROTHERS

Imagine a world without you, without your love, your magic, your vibe, intelligence and the unique gifts only you bring?

Apparently many of you **can** imagine this. You are dying of preventable conditions like HIV/AIDS, and premature death from HIV infection, many putting your lives at-risk daily.

But whose responsibility is it to prevent this? Of course no one can make you protect your self. That ultimately must be your decision.

Unfortunately it's true that you have had so few role models, so few Black males with the strength and clarity to advocate for you in ways that still affirm you as Black. Most approaches to educating you have been too "gay"

Unfortunately your community experiences confusion, still reeling from a legacy of social injustice, Christian religious persecution, and system-wide racism now so normal we don't even recognize when we are being disrespected. As a result, we often disrespect ourselves.

You have few places to go and embrace yourselves as Black same-gender-loving (SGL) and bisexual young Brothers. Under these circumstances who could blame you for being too distracted to consistently practice safer sex, or to make sacred your sexuality and capacity to love and respect yourself or another Brother?

So, It's Now Time To Step Up.

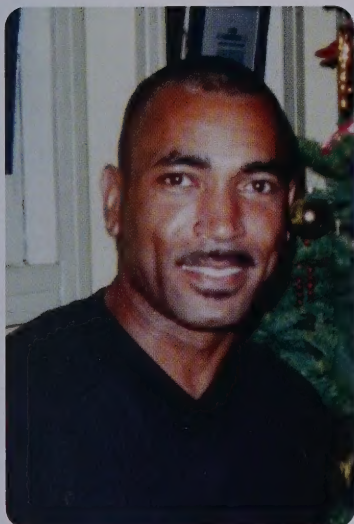
The solutions are in your hands.

Come chill, kick-it, engage, dance, eat and co-create a healthy and affirming place for you and your young Black Brothers. At YBX.

For Brothers 17 to 29. Get More Info at 310.419.1961

Brothers
Xchange
don't

Photo by Ron Singleton
From The Million Man March



Glenn Harris



Ivan Daniels and Garry Gregory



Jeffrey King

BEING IN THE MEANTIME

by G.B. Mann

A darkened room made darker by its black walls, made less so by a single candle's light. Men form a circle around the flame, its glow lingering on the relief of their faces. Black men. Eyes closed. No two faces alike. Jet. Brown. Redbone. High-yella. Incense smoke meanders toward a pipe-veined ceiling. Fragrance of Nag Champa hangs, like an ancient robe, draping shoulders. A familiar bass voice quickens the semi-darkness. "Breathe. All that's expected of you right now is to breathe..." It is Jeffrey King, founder of In The Meantime, a Los Angeles-based Black men's discussion and empowerment group. He continues in easy tones. "Listen to your heartbeat. Let the day melt away." The effect is palpable. One can almost sense tensions fading; hear muscles relaxing; smell peace banishing fear; almost taste the sweet spot that this circle has become in these men's lives. Sweet, like the Peach Cobbler prepared by a member to celebrate August birthdays this night. As eyes open, the lights come up. They look at each other. A spiritual call to order.

This ritual is the group's transition from the outside world into the now, present place and time. After the evening's topic and moderator are introduced, the men tear into dialogue like they would a good meal. Guests and facilitators invited to share with In The Meantime have included health care professionals, law enforcement personnel, transgenders, race relations experts, clergy, scholars from various fields; and testimonies from everyday folk and elders on living, living well and living long.

The meeting is held in a black box in the basement of the Tsunami Coffeehouse in the Silverlake section of Los Angeles, East on Sunset Boulevard. On the surface, it seems an unlikely gathering

place for a Black men's group. "I have to go where the love is." He chuckles and repeats himself. "I have to go where the love is." Indeed, love, self-love, seems to be the guiding principle behind every decision made for and by the group.

King's inspiration for In The Meantime was born of a very personal desire. He wanted to experience a group unlike any of the others in town. Most of the groups he knew about, or would frequent, had an "agenda." Some were established on that nebulous term, "prevention," or the fulfillment of an education or outreach component of a grant award. Others had sharply defined focuses (e.g., HIV and AIDS, Religion...). While acknowledging the important role and work of these groups, King still longed for a

forum which addressed the "total man." Spirituality and religion. Economics. Total well-being, not just physical health. Family relationships. The vision was of a place where ideas would be exchanged freely; where professional expertise and life experience would get equal time; where learned tongues and Black language would be heard without value judgments. According to King, also a singer, there's plenty good room for a variety of voices and support systems. "We need sopranos, altos, tenors, baritones, basses, and we needed **In The Meantime**."

The affirmation of the need for In The Meantime is the standing-room-only attendance at this Tuesday's meeting. Men sit up straight, others slouch, some cross legs in a T, others are crossed at the knee. A sampling of the shoe styles alone indicates the diversity present. Wing-tips. Sneakers. Brogans. Sandals. This footwear contains the feet of a teacher, an ex-con, a pastor, artists, a water delivery man, and a man whose identity is about a health test result. And please, don't make any assumptions about who's shod how, because your face will be cracked. For King, the full room makes all the labor pains endured in the birthing of In The Meantime, worthwhile.

With the help of co-founder Ivan Daniel III, King was able to maintain a purposeful focus, while keeping a damp finger raised to the social winds agust. "We wanted a group that all brothers could be a part of, without having to qualify for inclusion." Like a statesman, he called around to ensure that his plan to meet on Tuesday nights did not "bump heads" with other community events. Talking at length with King, it becomes obvious that his unassuming, almost self-deprecating personality, masks his true self. Master Strategist. He often uses the word "little" to describe endeavors that are quite grand. Perhaps it is his way of staying humble. Perhaps.

During a mid-meeting break, attendees express themselves. Bernard, a bus driver: "I come here because it's the only place I know of where we can discuss this kinda stuff. Everybody respects everybody. You don't have to worry about somebody jumping all down your throat for what you think."

Jojo, an entrepreneur and Caribbean native, sums his feelings up in one word. "Fellowship." He gestures to the men in the room. "We're progressive, black, and for the most part, gay, men trying to make a difference. It's bigger than our sexual orientation. We are individuals who have different paths on the same journey. Life. We face similar obstacles. Maybe someone can share a word or a deed that will help another brother in his walk."

After another hour of intense, insightful and sometimes silly exchange, King interjects. "We could go all night, but..." Hands are still raised to make comments, unasked questions notch faces, body language says "it was just gettin' good!" The men reluctantly stand and break down the room, folding chairs and exchanging good-nights. Andre, and Stephen, two of King's right-hand men, back him into a corner while he packs his accoutrements, candles, a radio, brochures, books. They pelt

him with questions about the whys of an upcoming fundraiser. He answers in his vague, ad lib manner. They walk and talk, turning to ascend the stairs to street level.

A small caucus assembled on the sidewalk announces that the talk will continue at a nearby all-night diner. A red-bone with short, reddish hair waves, walking away. His voice is high-pitched, almost soprano. "I can't wait until next week." Voices chime in agreement; voices falling like a chord reassembling itself, one note on top of and under the preceding note. Bass. Baritone. Tenor. Alto. Soprano.

King emerges from Tsunami. The flirtatious gap in his smile is showing. He looks around. "Brothers are talking to one another. Good. Now I can go home and get some sleep."

For more information contact "In The Meantime" at:

Tsunami Coffee House
4019 Sunset Blvd
Los Angeles, California 90029
At Sunset Junction
Info Hot Line: (323) 860-8858



a letter that looks like a poem for a nation that feels like a dream

by marvin k. white

my beautiful ones,

i keep telling myself
in between fits of tears
and bouts of disbelief
to remember
remember
who we are
who we were
and what dreams revealed
we were gonna be
before all this happened
before our personal terrors
became a nation
we got to remember

the course has changed
not the charge children
we owe it to our existence
to find
to pull
and push through
to show this world
as black men
as men who can love men
like no one else
as human citizens
our capacity
to care for our wounded
to rebuild our lives and our communities
and to vision this world
full of victories and possibilities
to love

we have not lost anything
cuz we did not know we were
fighting

i pray
if mumble and crying
and altars and incense
and poetry
is prayer
for the ones
who chose
(and be clear, we as black folks
know this choice)
to jump into the arms of ancestors
and fly to their next place
than be burned
or crumpled

i pray
for each and everyone
unaccounted and counted
that they wake up
in somebodys arms
who loves them

i pray that you
my family
keep well
and continue in times of
war
what you were called to
do
in times of peace
poet
sing
dance
organize
revolution
raise
rise
listen
grow
lift
live

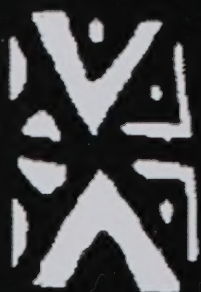
as always love always,

marvin k. white



ps: i am going back to the
same dream you all are in

ONE



TRIBE

BLACK MEN
TOGETHER
FIGHT AIDS.

NEW VILLAGE

"We will either learn to live
together as brothers, or perish
together as fools."

-Martin Luther King, Jr.

M . A . P .

Men's Advocacy Project

Black men of all backgrounds
coming together to stop
AIDS in the Black community.

Come together brothers

Call 415.615.9945 or
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Find out more at
BCA's Open House
Tuesday, October 23rd!
call for details!

New Village is a program of:



BUILDING A HEALTHY BLACK COMMUNITY

Black Coalition on AIDS
495 Clementina Street
San Francisco, CA 94103
415.615.9945
www.bcoa.org

ARISE RECEIVES SOUTHERN HOSPITALITY

Composed by *freedom clay*, Social Events and Environmental Commentator



A motley crew of people "*arose*" to the occasion on Saturday, August 18, 2001 in Durham, North Carolina, under the hospitality of Naphtali Ben-Yisrael, to celebrate and showcase one of America's emerging and enlightening magazines, *ARISE*. A rainbow of men and women graced this engaging set with life experiences as vast as their complementary hues, which conspicuously illustrated the purpose of this vibrant magazine: recognizing the ties that bind (earth, water, fire and air), while honoring the divine differences among us.

As people mingled and enjoyed fine wine and delectable hor d' oeuvres, this was an indisputable soiree with a purpose. This aesthetically appealing publication was strategically placed throughout the home of our gracious host; thus, it was the epicenter of many intriguing conversations.

ARISE magazine definitely has what it takes to blaze trails of relevant and responsive information focusing on wellness, tolerance, entertainment and the liberation of all diverse people of African descent. It is my earnest hope that this dynamic and timely resource expands its scope to include more human and informational resources beyond the West Coast.



MacArthur H. Flournoy and Glenn Alexander deserve accolades for courageously "**arising**" and picking up the mantle to create a medicinal and inspirational magazine that "wholistically" affirms who we are as multifarious people of color. Collectively, we can journey and **ARISE** to greatness. 🌱

Love is freedom and freedom is u and i.

freedom clay expressions

freedomclay@juno.com



CONVERSATIONS

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with

SUNDIATA ALAYE'

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HETEROSEXUAL
MEN OF COLOR

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FOR MORE INFO PLEASE CALL 202.543.6777

STAYING CONNECTED

We asked and you answered. In response to a call for leads to social groups for black men your replies were overwhelmingly powerful and came from every corner of the country. Here are 54 brilliant examples of leadership, brotherhood and fellowship in our community. ARISE will post this list to our website. If there are other groups that you know of that may have an interested in being published as part of this resource list please email the information to arise@arisemag.com. Never let it be said again that community is a thing of the past or that we are not a strong emerging family of brothers who are **Staying Connected**.

WASHINGTON, DC

American University Gay Lesbian Bisexual, Transgender and Ally Resource Center

4400 Massachusetts Ave. NW
Washington, DC 20016-8164
Contact: Mindy Michels

Black& White Men Together —DC

P.O. Box 73111
Washington, DC 20056
Contact: Ted Mann

Couples Together

P.O. Box 53274
Washington, DC 20009
Contact: Roger Wellborn

Gay Fathers' Coalition of Washington, DC

P.O. Box 19891
Washington, DC 20036-0891
Contact: Robert Featherstone

Inner Light Unity Fellowship Church

830 8th Street, SE
Washington, DC 20002
202-544-7988 – phone

National Minority HIV/AIDS Coalition

813 L Street, SE
Washington, DC 20081-0001
202-543-6777 – phone
202-543-9421 – fax

National Youth Advocacy Coalition

1638 R Street, NW
Suite 300
Washington, DC 20009
202-319-7596 – phone
202-319-7365 – fax
Website: www.nyacyouth.org

Us Helping Us

811 L Street, SE
Washington, DC 20003
(202) 546-8200
Contact: Jerome Offord

Whitman-Walker Clinic

1407 S Street, N.W.
Washington, D.C. 20009
202-797-3590 Phone
202-797-1492 Fax
Website: www.wwc.org
Contact: Michael W. Cover
Associate Executive Director for Public Affairs
Director of Communications

HOUSTON, TX

The Men's Gathering

713-528-4461
Web address:
<http://clubs.yahoo.com/clubs/themensgathering>
Email: themensgathering@yahoo.com
Contact: Paul Guillory

CLEVELAND, OH

Cleveland Friendship Committee

(440) 349-9899
Contact: Phillip Moore

LOS ANGELES, CA

Let's Rap Brother

318 S. Market Street
Inglewood, CA 90301
310-674-4444
Website: www.inglewoodmcc.com
Email: inglewoodmcc@aol.com
Contact: Paul Cheatham II

NATIONAL LISTING OF SAME GENDER LOVING SOCIAL GROUPS

Young Brothers Exchange

160 South LaBrea
Los Angeles, CA 90301
310-419-1961 - phone
310-419-1960 - fax

AMASSI

160 South LaBrea
Los Angeles, CA 90301
310-419-1961 - phone
310-419-1960 - fax

In The Meantime

323-860-8858 - phone
Email: inthetime@aol.com

Los Angeles Gay and Lesbian Center

1625 N. Shrader Blvd.
Los Angeles, CA 90028
323-993-7400 - phone
Website: www.laglc.org

Minority AIDS Project

5149 W. Jefferson Blvd.
Los Angeles, CA 90016-3838
323-936-4949 - phone
323-936-4973 - fax
Email: MAP5149@aol.com

Unity Fellowship Church

5148 W. Jefferson Blvd.
Los Angeles, CA 90016-3838
323-938-8322 - phone

PHOENIX, AZ**My Brothers Keeper**

1427 N. 3rd Street
Phoenix, AZ 85004
(602) 253-2437
Email: garryr@apaz.org
Website: www.apaz.org

SAN FRANCISCO, CA**Black Brothers Esteem**

995 Market Street
Second Floor
San Francisco, CA 94103-1732

Black Coalition on AIDS

495 Clementina Street
San Francisco, CA 94103
415-615-9945 - phone
415-615-9943 - fax
Email: bcoa@bcoa.org
Website: www.bcoa.org

City of Refuge

1025 Howard Street
San Francisco, CA 94103
415-861-6130 - phone
415-861-6103

**Lesbian, Gays, of African Descent
for Democratic Action (LGADDA)**

Community Center Project of SF
1800 Market Street
San Francisco, California 94102
Website: www.sfcenter.org

TAMPA, FL**BrothasSpeak**

709 East Caracas Street
Tampa, FL 33603-2328
(813) 236-8809
Email: RiccRollins@aol.com
Contacts: Lorenzo C. Robertson & J. Ricc Rollins

People of Color AIDS Coalition

861 Sixth Avenue South
St. Petersburg, FL 33701
727-822-2437 - phone
727-896-6122 - fax
Email: pocas@aol.com
Contact: Lorenzo Robertson

ATLANTA, GA**2nd Sunday of Atlanta**

The Center
159 Ralph McGill blvd
Atlanta, GA
Email: adodimalik@yahoo.com
or
2ndSunday-atl-subscribe@yahoogroups.com
Contact: Malik Williams

Gentlemen Extraordinaire

Ray Daniels, President
521 Tift Street, S.W.
Atlanta, GA 30310
(770) 994-7534
Pgr: (404) 570-6630

AID Atlanta

1438 W. Peachtree Street, NW
Suite 100
Atlanta, GA 30309-2955
404-872-0600 – phone
404-885-6799 – fax
Contact: Anthony McWilliams

Atlanta Gay and Lesbian Center

159 Ralph McGill Blvd.
Atlanta, GA 30308
404-523-7500 – phone
Email: cw@aglc.org
Website: www.aglc.org
Contact: Craig Washington

Atlanta Interfaith Network "Common Ground"

1058 Juniper St.
Atlanta, GA 30309
404-874-6425/404-874-8686
Contact: Micheal Brunson

Dunamis Group

706 Spring St.
Atlanta, GA 30308-1013
678-339-0483
Contact: Carl Harris

National AIDS Education and Services for Minorities

2001 Martin Luther King Jr. Way
Suite 602
Atlanta, GA 30310
877-974-2376 – phone
404-752-9610 – fax
Website: www.naesmonline.org

NEW YORK, NY

New York State Black Gay Network

103 E. 125th Street
Suite 503
New York, NY
P - 212-828-9393
F - 212-828-9602

Email: nysbgn@excite.org

Website: www.nysbgn.org (under construction)

Gay Men of African Descent

103 E. 125th Street
Suite 503
New York, NY 10035
212-828-1697 – phone
212-828-9602 – fax

Gay Men's Health Crisis

119 West 24th Street
6th Floor
New York, NY 10011
212-367-1379

Email: jamesm@gmhc.org

soul_food_nyc@yahoo.com

Contact: J.E. Miles, Jr., Program Coordinator

ADODI – New York

PO Box 7417
New York, NY 10611-7417
212-560-7252
Contact: Courtney Cruz

People of Color in Crisis

468 Bergen Street
Brooklyn, NY 11217
718-230-0770 – phone
718-230-7582 – fax
Email: poccgen@pocc.org

Brother to Brother – NA

1407 Fulton Street
Brooklyn, NY 11216
718-230-0770 – phone
Contact: Curt Parrish

Bedford Stuyvesant Family Health & Wellness Center

1407 Fulton Street
Brooklyn, NY 11216
718-857-1006 – phone
718-857-1042 – fax
Contact: Curt Parrish

New York Gay and Lesbian Center

208 West 13th Street
New York, NY 10011
212-620-7310 – phone
212-924-2657 – fax
Website: www.gaycenter.org

CHICAGO, IL

GAMBA Discussion Group

1346 S. Michigan Avenue
Chicago, IL
312-986-0661

Website: www.minorityoutreach.org

ADODI - Chicago

1346 S. Michigan Avenue
Chicago, IL
312-986-0661

Website: www.minorityoutreach.org

Novell Femme-Transgender Group

1346 S. Michigan Avenue
Chicago, IL
312-986-0661

Website: www.minorityoutreach.org

Youth Discussion Group

1346 S. Michigan Avenue
Chicago, IL
312-986-0661

Website: www.minorityoutreach.org

Onyx Men (leather men of color)

Website: www.onyxmen.com

The Re-Mi-Ma-Quo Book Club

Email: sidneytho@aol.com
Contact: Sidney Thomas

Howard Brown Health Center

4025 N. Sheridan road
Chicago, IL 60613
773-388-8871 - phone
773-388-8937 - fax

NASHVILLE, TN

Brothers United Network of Tennessee

209 10th Avenue South
Suite 160
Nashville, TN 37203
615-259-4866 ext. 269
800-845-4266 - toll free
615-259-4849 - fax

Email: brosunited@aol.com

Website: www.brothersunited.com

Contact: Dwayne Jenkins, Brothers United Coordinator

BOSTON, MA

Men of Color Against AIDS

100A Warren Street
Roxbury, MA 02119
617.442.8020

Email: brokb@msn.com

Contact: Kwame M. Banks, Executive Director
The Brothahood; Brothers 4 Life
and Shades of N.A.

OAKLAND, CA

AMASSI

222 14th Street
Second Floor
Oakland, CA 94612
510-588-5900 - phone
510-588-5935 - fax

AIDS Project of the East Bay

1755 Broadway
Second Floor
Oakland, CA 94612
510-663-7979 - phone
510-663-7950 - fax

SMAAC

1738 Telegraph Avenue
Oakland, CA 94612
510-834-9582 - phone
510-834-9590 - fax
Contact: Robert Smith

DETROIT, MI

CHOW

2727 Second Avenue
Suite 120
Detroit, MI 48201
313-963-3352

PHILADELPHIA, PA

COLOURS, INC.

1201 Chestnut Street
Philadelphia, PA 19107
215-496-0330 - phone
215-496-0354 - fax



SAN FRANCISCO AIDS FOUNDATION

A Lifeline in the fight against AIDS

HIV Treatment Information and Support

Care assessment; treatment workshops; case management services; Latino support group and socials; special services for women; publications include **BETA** (Bulletin of Experimental Treatments for AIDS) and **BETA en español** (Boletín de Tratamientos Experimentales Contra el SIDA); web site www.sfaf.org.

Financial Benefits Counseling

Help in obtaining a range of public and private financial benefits, including General Assistance, food stamps, Medi-Cal, SSI and SSDI, employee benefits, AIDS Drug Assistance Program (ADAP), long- and short-term disability plans, health insurance, life insurance and viatical settlements, and state disability insurance.

Housing Services

Consultations to develop short- and long-term housing plans; emergency housing assistance and rental subsidies, if eligible, based on availability.

Gay Life Program

Free individual and couples counseling (English and Spanish); workshops and events designed to provide gay men the opportunity to discuss the challenges they face. Call (415) 788-LIFE or visit the web site at www.gaylife.org.

Black Brothers Esteem

Promotes the sexual health of African-American same gender loving men; addresses the needs of men who are struggling not only with issues of HIV, but also the challenges of poverty, substance abuse and racism. Call (415) 487-8018 or visit the web site at www.sfaf.org/bbe.

California HIV/AIDS Hotline (800) 367-AIDS

Toll free, anonymous and confidential; referrals, comprehensive information and support; calls answered in three languages - English, Spanish and Filipino.

Volunteer Opportunities

Call (415) 487-8080.

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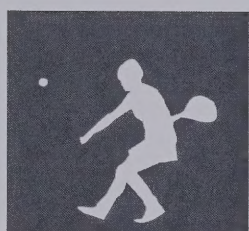
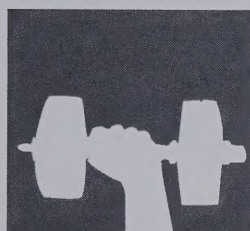
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fitness

FITNESS MAGIC linda lee

TUCK IN YOUR SHIRTS WITH CONFIDENCE

This month's side bend exercise tones your external obliques, the often neglected muscle that wrap around your torso. When toned, these muscles slim your waistline, giving you a great figure. And they support your back, protecting you from injury. Strong obliques also put more power in your tennis or golf swing.

OBLIQUES EXERCISE

SIDE BEND – Start by standing with your legs apart, one arm behind the head and a dumbbell in the other hand (switch dumbbell to the other hand to perform the exercise). The range of motion is limited, so don't worry if you can't bend very far. Instead, concentrate on bending laterally (to the side), not letting yourself sway toward the front or back. Reach toward the floor with your elbow. Increase weight for added resistance.

TWIST – Performed seated with a stick held behind your head. Use deliberately slow movements to prevent momentum from causing you to cheat. Concentrate on twisting at the waist, not the hips or legs. Can also done standing, but the seated version helps eliminate lower-body movement.

OBLIQUE CRUNCH – Keep the movement in the lateral plane as much as possible to emphasize contraction of the obliques. Maintain a bend in your knees to take pressure off your lower back.

All abdominal exercises can be performed 3 times a week. Do 1-3 sets of 8-12 repetitions, allowing 30-60 seconds of rest between sets. To increase the intensity, you may increase your repetitions up to 25.

Remember to breathe! 

Enjoy,
Linda Lee

For specific questions or concerns regarding Fitness
contact Linda Lee at: Linda_Lee@arisemag.com



POINTING

THE

FINGER

AT

OURSELVES

By Keith Boykin

I struggled for days to find words to discuss the devastation here in New York. Ultimately, I realized the terrorist attack, and our reaction to it, reflects the best and worst of who we are as humans.

At our best, hundreds of fire fighters and police officers raced to the World Trade Center and the Pentagon after the attacks only to lose their lives attempting to rescue others. At our worst, dozens of people rushed into the dusty void to call in copycat bomb threats and to spread false rumors and hoaxes. At our best, we are caring, sensitive, loving, heroic, forgiving people. At our worst, we are cruel, violent, destructive, jealous and hateful.

All of us are all of these things because all of us are human. The sad truth is that violence persists in the world not because some people in a different land are violent, but because we are violent as well. We know no more effective way to express our pain at violence than to reciprocate with our own. Thus we wage war in whatever way we know how because we know not how to wage peace.

The belligerent response of U.S. Senator Zell Miller, D-GA, epitomized the popular sentiment among some Americans. "Bomb the hell out of them," Miller said, ignoring the unknown identity of "them" and dismissing the risk of killing innocent people as acceptable "collateral damage." At times of intense grief and pain, it seems very human to lash out in response.

Continued on page 36

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Continued from page 34

Meanwhile, some on the right and left used the terrorist attack as an opportunity to demonize the evil they see in America. Some Palestinians, for example, openly celebrated the attack as a victory in the streets of the West Bank while televangelist Jerry Falwell stretched to blame the incident on "the pagans, and the abortionists, and the feminists, and the gays and the lesbians." Falwell suggested that this is what happens "when a nation deserts God and expels God from the culture."

Falwell and the Palestinians both oversimplify the diversity of America. First, many of the victims were not just Americans but Arab and Palestinian as well. In a city and country cut from the cloth of many different cultures, those who would attack America rip the fabric from their own people in doing so. Similarly, the attack did not discriminate against those who were and were not "saved" by Falwell's god. Surely, there were many "God-fearing," anti-abortion, heterosexual Christians who perished in the attack as well.

So whom do we blame? It would be easy to point the finger at Osama bin Laden, assuming he's responsible for the attacks, but that only illustrates our own violent propensities. Bin Laden, after all, was trained to be a terrorist by the U.S. Central Intelligence Agency when the Afghani rebels were engaged in a bloody civil war against the Soviets. Once the Soviets abandoned Afghanistan, the U.S. had no effective plan to create democratic government in the country it helped to militarize. In fact, the ironic legacy of the

cold war may be that the same nations the U.S. once armed to fight the communists will ultimately end up fighting us.

Some would blame the incident primarily on U.S. intelligence and security forces for failing to stop the hijackings, but this approach is problematic. Even the most invasive intelligence and security measures cannot stop every attack. The highly regarded Israeli security forces, for example, have not brought an end to the daily attacks in that country. Nor should we expect to fight our way out of violence in this country either.

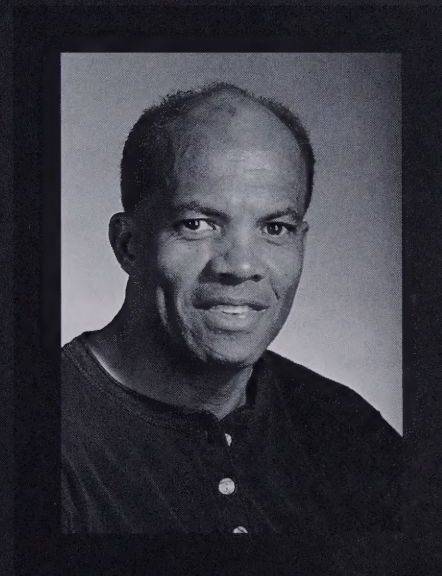
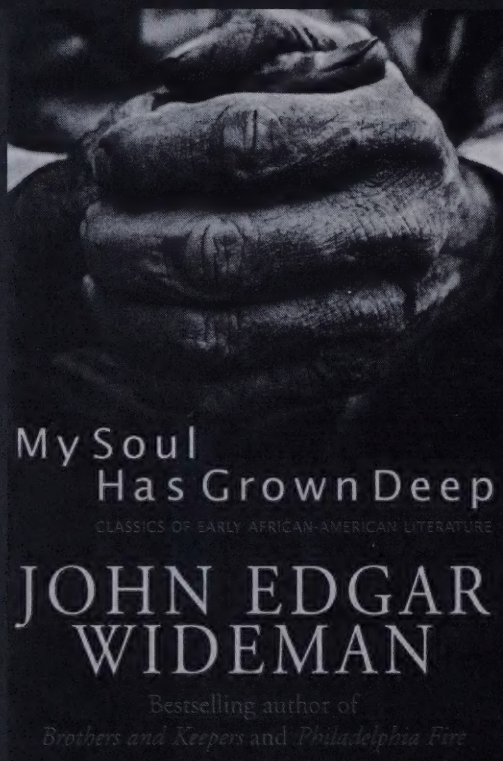
Commentator Tavis Smiley perhaps put it best when he said, if we can't win a war against drugs in our own country, how can we win a war against terrorists in another country?

We can try to track people before they commit acts of terrorism or hunt them down and kill them once they do, but that won't stop terrorism either. Unfortunately, there's very little we can do to stop someone who is willing to give up his own life to take someone else's.

And for every terrorist we do find and punish, another is waiting in the wings to avenge his death.

With all the finger pointing going on, eventually we need to point the finger at ourselves, not just at America or Afghanistan or the CIA or the FAA. There will be plenty of time to point fingers at all those targets. Instead, we need to examine the culture of violence we have created. To do this, we need not look at our neighbor or our enemy or even our president. We need only look in our mirrors.

BOOK REVIEW



Belonging in America's permanent library, *My Soul Has Grown Deep* (Running Press Book Publishers; October 2001; \$29.95) is an educational masterpiece featuring award-winning author and scholar John Edgar Wideman's selection of twelve acclaimed works by African-American writers.

In both famous and neglected works, black authors from colonial days on have related their struggles and achievements in haunting personal narratives, inspiring oratory, and impassioned verse. ***My Soul Has Grown Deep*** offers for the first time a truly representative sampling of early black American literature, cutting across genres and featuring literary icons such as **Frederick Douglass, W.E.B. DuBois** and **Booker T. Washington** as well as lesser-known works by **Ida B. Wells** and **Nat Love**.

As one of our most accomplished artist of the urban black world, Wideman presents his selection of some of the finest American writing with compelling introductory essays on each esteemed writer's life and work. ***My Soul Has Grown Deep*** includes such riveting and diverse works as:

Olaudah Equiano:

The Life of Olaudah Equiano

Sojourner Truth:

The Narrative of Sojourner Truth: A Northern Slave

Frederick Douglass:

The Narrative of the Life of Frederick Douglass

Paul Laurence Dunbar:

Lyrics of Lowly Life

W.E.B. DuBois:

The Souls of Black Folk

John Edgar Wideman is the first author ever to win two PEN/Faulkner awards for fictional achievement. Two of his books, *Philadelphia Fire* and *Brothers and Keepers* were *New York Times* bestsellers. Long a professor of literature at the University of Massachusetts at Amherst, Wideman now resides in New York City.

My Soul Has Grown Deep is an indispensable volume for educators, literature lovers, students, and anyone interested in learning about the cultural heritage of America. ☞

BLACK LGBTQTS

BY AKILAH MONIFA

Two years ago the Gay and Lesbian Alliance Against Defamation (GLAAD) awarded Whoopi Goldberg the Vanguard Award honoring her work in films such as "The Color Purple" and "Boys on the Side." The presenters said that Whoopi helped "... educate millions about the experiences of African American lesbians." At the time I was greatly offended. Not that I'm knocking Whoopi, quite the contrary, I have a great deal of admiration for her. I thought then and still think now that it is a sad state of affairs when the basis of educating folks on the experiences of lesbian sistahs comes from movies especially one that was released in the 80s and the other one where Goldberg's character was lesbian in theory only. Not to mention that this education is based in fiction using a straight woman. I felt a little like Sojourner Truth, "Ain't I A Woman Too?"

Not that one has to be in a relationship to be a lesbian, but in particular, "Boys on the Side" as well as 1999's "The Deep End of the Ocean" featured Goldberg's lesbian characters as one-dimensional beings who were isolated. I know that we are hungry for positive images in the media and some may argue that some visibility as long as it is not negative is better than no visibility at all. I would beg to differ.

Which then brought me to question as to why GLAAD could not find an African American lesbian dead or alive, to honor rather than someone who portrays one in the movies. Maybe it had to do with the scarcity of visible openly out lesbians in the media.

Now it is two years later and I find myself still reflecting on the lack of African Americans from the LGBT community particularly on network television and mainstreams theatrically released movies. Yes, I know that UPN, Fox, the WB, HBO, Showtime and its progeny have made tremendous inroads. And both independent films and the LGBT film festival circuits are thriving. But, still the majority of folks only have access with any regularity to the commercial big three networks of ABC, NBC, and CBS and theatrically released movies.

In the 1999-2000 television season GLAAD reporting finding 29 lesbian, gay or transgender characters on broadcast or cable networks. That represents about a 5 percent portrayal rate out of a total of 540 lead or supporting characters. Most folks acknowledge LGBTs our ten percent. This portrayal rate included kisses between straight female characters. An omnipresent popular theme. And hey, we will take what we can get. Straight male characters kissing one another doesn't seem to have the same allure.

Scott Seomin, Entertainment Media Director of GLAAD says "lesbians have been relegated to small, marginal roles and gay people of color are almost nonexistent." The character of Carter on ABC's Spin City is one of a handful

n WHITE MEDIA

of gay characters in the 2000-2001 season and the only gay character of African descent on one of the big three networks. Carter rarely has dates (although he did have a memorable one with Lou Diamond Phillips in a reenactment of "An Officer and a Gentleman" Phillips played the Richard Gere role and Carter, of course, Debra Winger, but a fine looking couple they did make with Phillips in full military regalia carrying Carter in his arms) But Carter in five years on "Spin City" has never been seen in a long-term committed relationship. It seems that this brotha is gay in name only and as a comic foil to jokes involving his gayness. Not that having a date or sexual relationship defines one's sexual identity, but heck if the straight characters are seen in bed and making out then why, oh why, can't we?

But most of us are so hungry to see African American LGBT characters who are positive and not psychotic or murderers, that we accept that they are not fully developed sexually active people.

So gay people will remain dramatic and/or comedic devices until the folks producing these media images have more diverse lives and more imagination. I often wondered why there were so few people of color in Woody Allen films that took place in New York and the same can be said for "Friends". It is for the same reason that queers don't exist in significant numbers in the media. Until people of color and queers of color are integrated into the lives of the current producers (or we take responsibility for producing our own African American queer positive mainstream shows), we will continue to see the spotty appearances and trends instead of constant and frequent appearances.

It is as Paris Barclay, Emmy award winning gay African-American director said "People tend to give jobs to people they know. People they like or people they've previously worked with, as opposed to new people." And there is the rub. Most people tend to associate with people who they resemble particularly racially and as regards sexual orientation. And you can best believe when the NAACP was negotiating with the big three about the lack of diversity regarding race ("a dry white Emmy season"), sexual orientation was not in the mix. Just as GLAAD seems to concern itself with white LGBT issues with the exception of giving an award to an African American straight actress for her portrayals of African American lesbians who are not fully developed characters.

In some ways it is as Bella Abzug said about women: "We don't so much want to see a female Einstein become an assistant professor, we want a woman schlemiel to get promoted as quickly as a male schlemiel." So why couldn't Jack Tripper of "Three's Company" been portrayed by a brotha? Not that I'm advocating for silly images, but let's face it, it is television, so

at least we need a presence. At this point, I would welcome back "Good Times."

Chris Rock said it simply and best "White people own it, They don't want us on it. You can't wait around for the white people to give you stuff."

Bruce Helford, producer of "The Drew Carey Show" admits that he cannot write an honest show about African-Americans because he hasn't had the experiences that an African-American has. Add to that another layer of being LGBT. Helford should be applauded for his honesty, but chastised, although he reflects the unspoken attitudes of many. Plenty of gay writers of color write scripts featuring white heterosexual characters, and plenty of white writers portray gay characters and characters of color who are honest, true, and rich.

John Sayles, a white heterosexual wrote "Lianna" (1983) whose central character is a white lesbian, and "Brother From Another Planet" (1984) in which the central character was African American.

But the sad reality is that most people of color are more aware of the lives of white folks than vice-versa. The same can be said in general of LGBT communities versus heterosexual communities.

But two factors loom large: one, African American LGBTs in the entertainment industry as elsewhere are largely not out and two, our lives are not usually diverse based on race and sexual orientation and television and movies are simply mirror images of that.

If it is truly time for us all to diversify our lives and to come out, come out, wherever we are. If television and movies do not then reflect that diversity, writers, producers, directors, and actors must try again. The industry and the actors need to start taking action, innovative mentoring programs and much more. If a casting call does not yield a diverse pool of actors, put out another call. If the cast is still lily white and straight, go back and rethink the script. Do not film until diversity has been achieved.

Some African American LGBT Characters on Television and in Movies in no particular order:

Carter on "Spin City"
Will Smith in "Six Degrees of Separation"
Whoopi Goldberg in "The Color Purple" "Boys on the Side"
"Deepest End of the Ocean"
RuPaul on his TV show and "Brady Bunch Movie" (Special note because he is gay and out)
Flip Wilson cross dressing as Geraldine in "The Flip Wilson Show"
"Life" Miguel Nunez and Bernie Mac as a lovely couple of Snap queens on "In Living Color"
(tough call because many found them offensive and many an African American comic loves to imitate a negative image of an African American drag queen)
Arsenio Hall in "Coming to America"
Richard Roundtree in "Roc" as a non-stereotypical character also where race prevailed over sexual orientation, of course he was in an interracial relationship with a white guy
"She's Gotta have It" (Who didn't want Lola Darling?)
Jacques Mobage as "Big Cathy" in "Harlem Nights"
Michael Beach in "Bad Company"
Lady Chablis as herself in "Midnight in the Garden of Good and Evil"
Brother on "Any Day Now"
Ving Rhymes in "Holiday Heart"
Dorothy Dandridge's mother in HBO's "Dorothy Dandridge" with Halle Berry
Wesley Snipes in "Too Wong Foo with love"
Antonio Fargas in "Car Wash" with the best line ever to the Black Muslim character who was chastising him for not being a real man because he was gay: "I'm more man than you'll ever be and more woman than you'll ever get."

I continue looking for my own image and those of other LGBTs of African descent.

Akilah Monifa is a Consulting Editor/Writer for AlterNet magazine, AlterNet.org. Contributing Columnist to Progressive Media Project, AlterNet, The Black World Today, Black Women Today Web Site, and Pacific News Service Her Radio commentary appears on Black World Radio Network. She is a Former columnist for New York Times Syndicate New America News Service and Full Court Press: The Women's Basketball Journal. Former Editor, Barnes and Nobles.com. Commentary articles published in more than 100 newspapers and online journals including the Miami Herald, San Francisco Examiner and Chronicle, and Chicago Tribune. She Specialize sin current events, sports, media, race, class, sexual orientation,

arts, and pop culture. Feature articles, book, music, and film criticism have appeared in more than 20 magazines and journals including Ms. Emerge, Curve, The Harvard Gay and Lesbian Review, and QBR: The Black Book Review. Radio commentary aired on KQED-FM, San Francisco, CA. Contributed chapters to the following books: Lesbians in Academia (Routledge 1997); Making Policy, Making Change: How Communities Are Taking Law Into Their Own Hands (Chardon, 1999); The Turbulent Sixties (Salem Press 1999); Encyclopedia of Homosexuality, 2nd Edition, Volume I: Lesbian Histories and Cultures (Garland 2000); English 13" Reading and Writing about Identity (Harcourt Brace 2000) ㊦



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PRECIOUS

To all the Black gay men who have loved me and helped to survive as a black lesbian and especially to Earnest Andrews

Hip hop/gangbanger/jazz
poet/doctor/bartender/homeless/teacher/policeman/limpwri
sted/hard drinking/computer nerd/classical
loving/entrepreneur/unemployed/politician
Brother/father/uncle/friend/son of mine

I am, you are
Here
Because of men
Black men
Black Gay men
Who chose to live their love

Lest we forget
We stand on their shoulders
Africans who loved on the savannah
They who came before stonewall
Came across the middle passage waters
To love in America
Came loving their brothers, with eyes and lips, holding them in
arms made tender by so much passion – entering into each
others souls and bodies
With strong black love
Because we are everywhere – you know we were there then

We stand on the shoulders of
We stand because of
Black men who dared to share their lives and their love and
each others pleasure
dared to move beyond what was forbidden
To what was in their hearts – their truth
That they were men, who loved other men

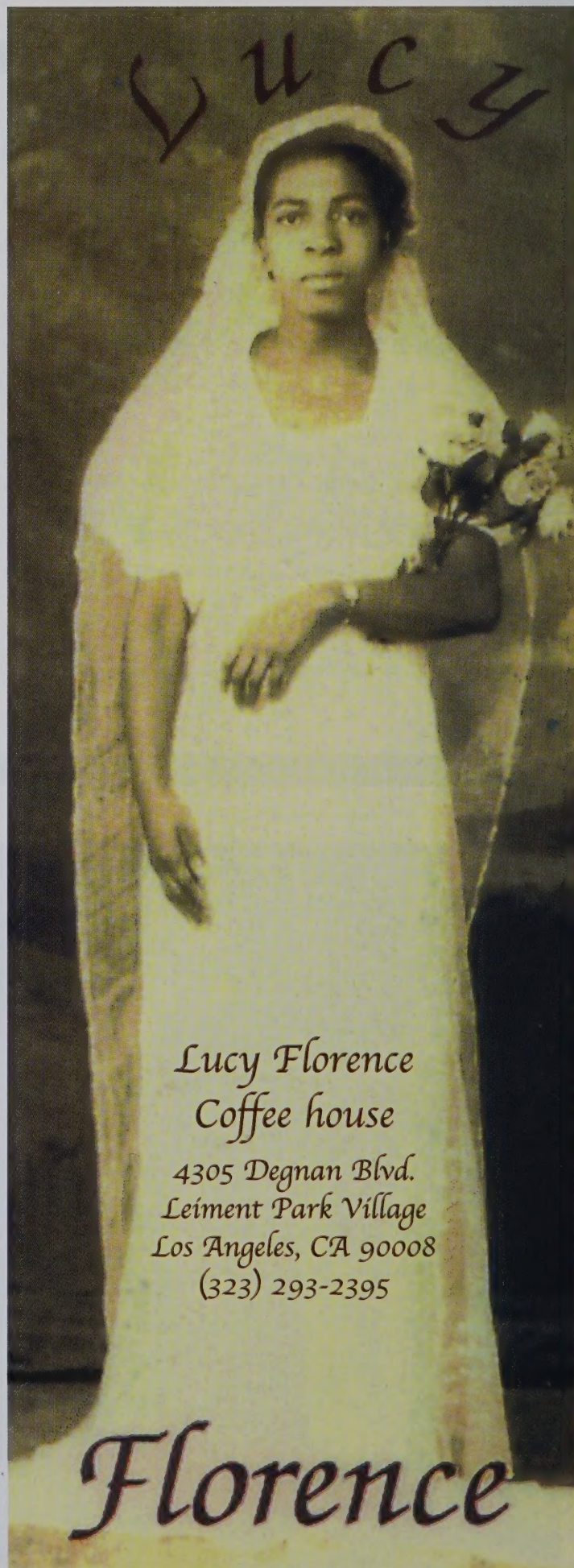
Those who define you
Reject you
Only on the basis of who you love/sleep/partner with
Miss the point of
and opportunity
To know your sweet brilliant laughter, courage to love in spite
of, dedication to be true to yourself and your marvelous ability
to finger snap in the face of fate

Brother/father/uncle/friend/son of mine

Take care of your sweet self/play safe/stay safe
And know that you are precious

And that I love you

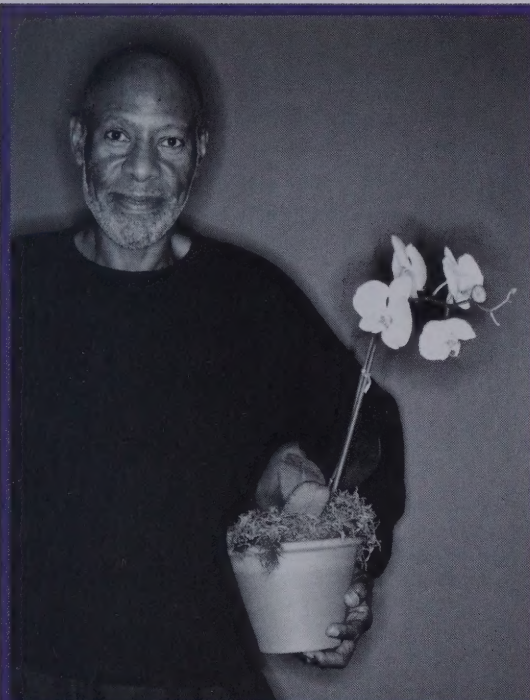
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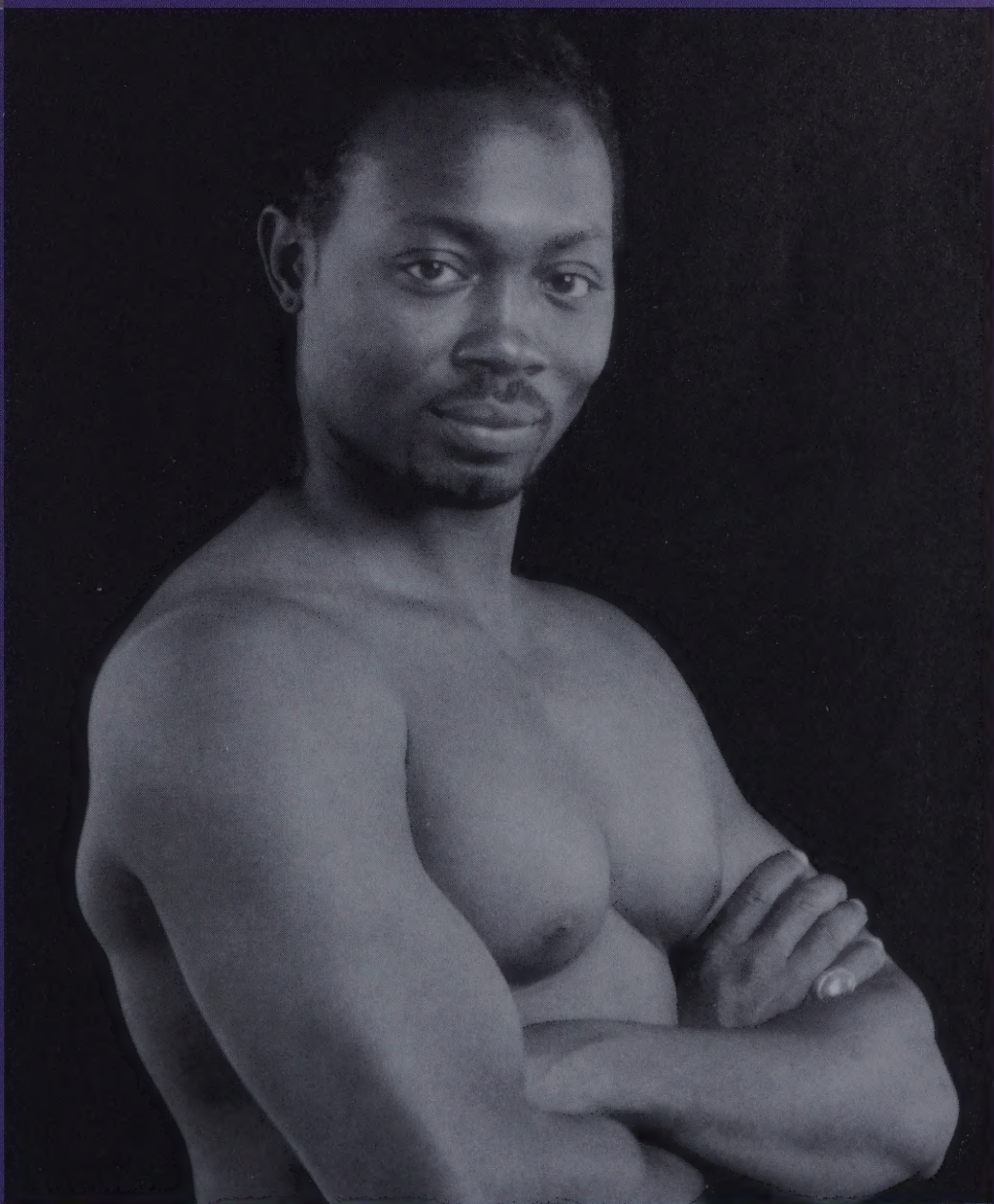


Loving men

Jim Dennis - Photographer

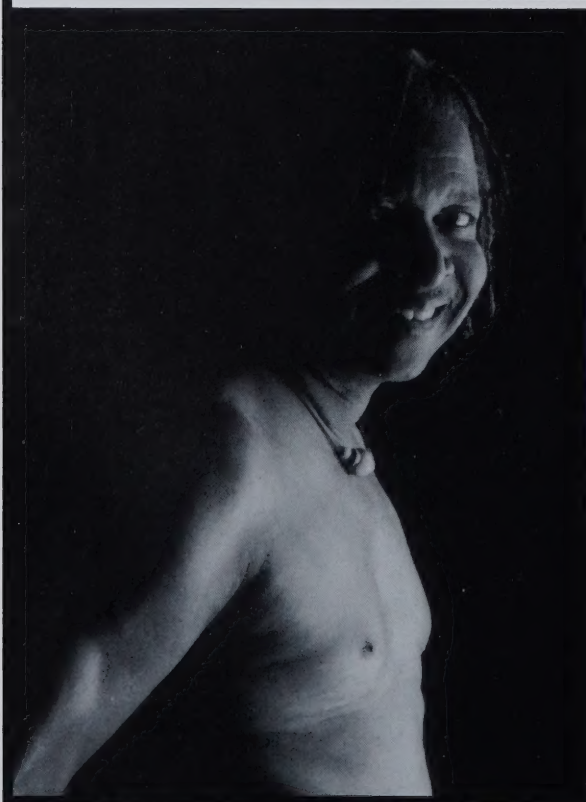
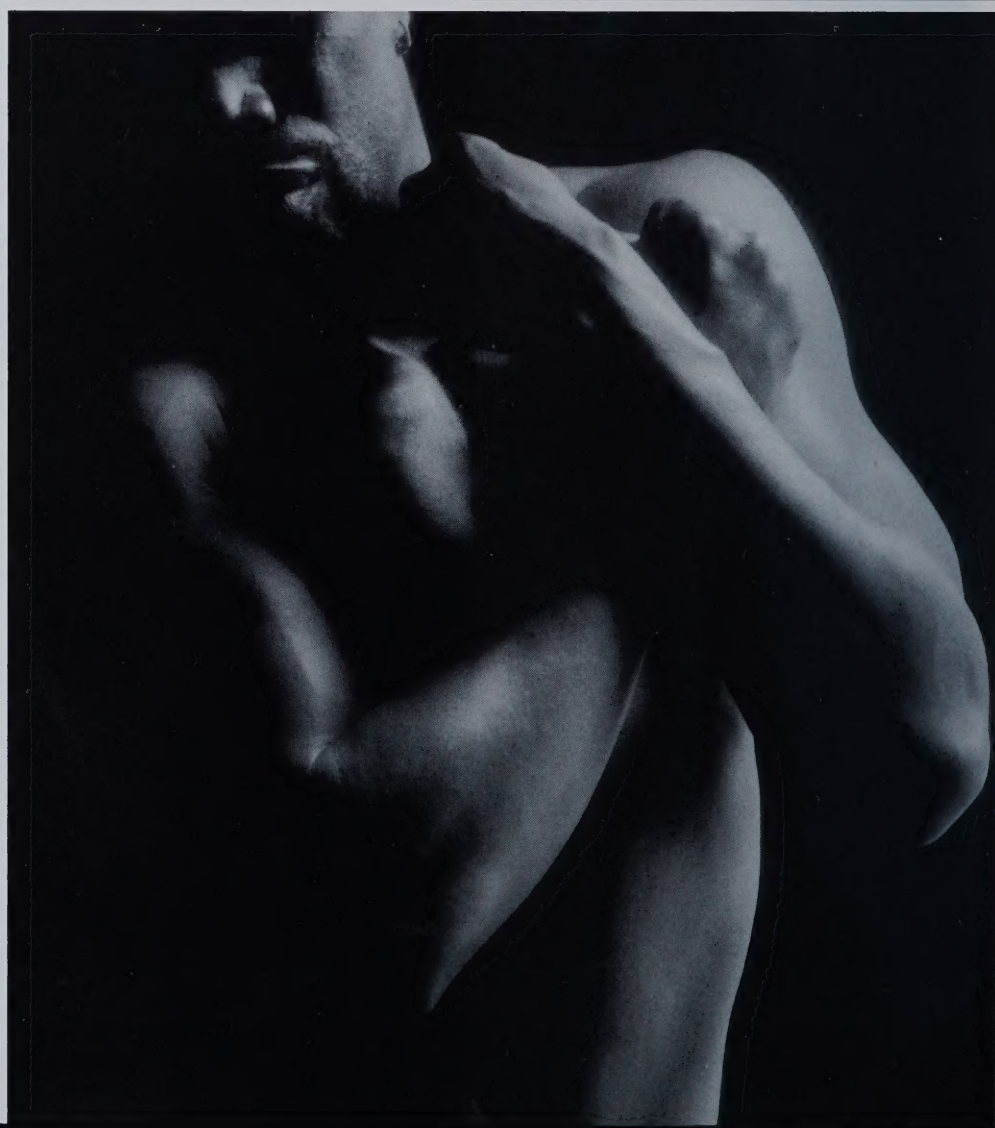
Words by MacArthur H. Flournoy

Jim Dennis loves men. The affair is one of mutual admiration as his subjects tauntingly reveal their sculpted beauty and exalt their natural essence before the lens of this bay area photographer. The sensuality of black men is celebrated in this collection of black and white photographs. Those who peruse each form are invited to spend a moment in time and study the lines, curves and shadows that form images far more powerful than the sum of their parts.



The creator of this photographic collection is by no means a neophyte to this art form, previously working with Eastman Kodak as one of their photographers, possessing more than three decades of experience behind the lens. His world travels in Asia, Morocco, West Africa, Israel, Greece and other foreign borders have shaped his view of humanity. For Dennis, photography is a compulsion. While touring West Africa, Dennis stated "at one point while the tour bus was moving I wanted to shout 'Stop', I have to capture some of this beauty".

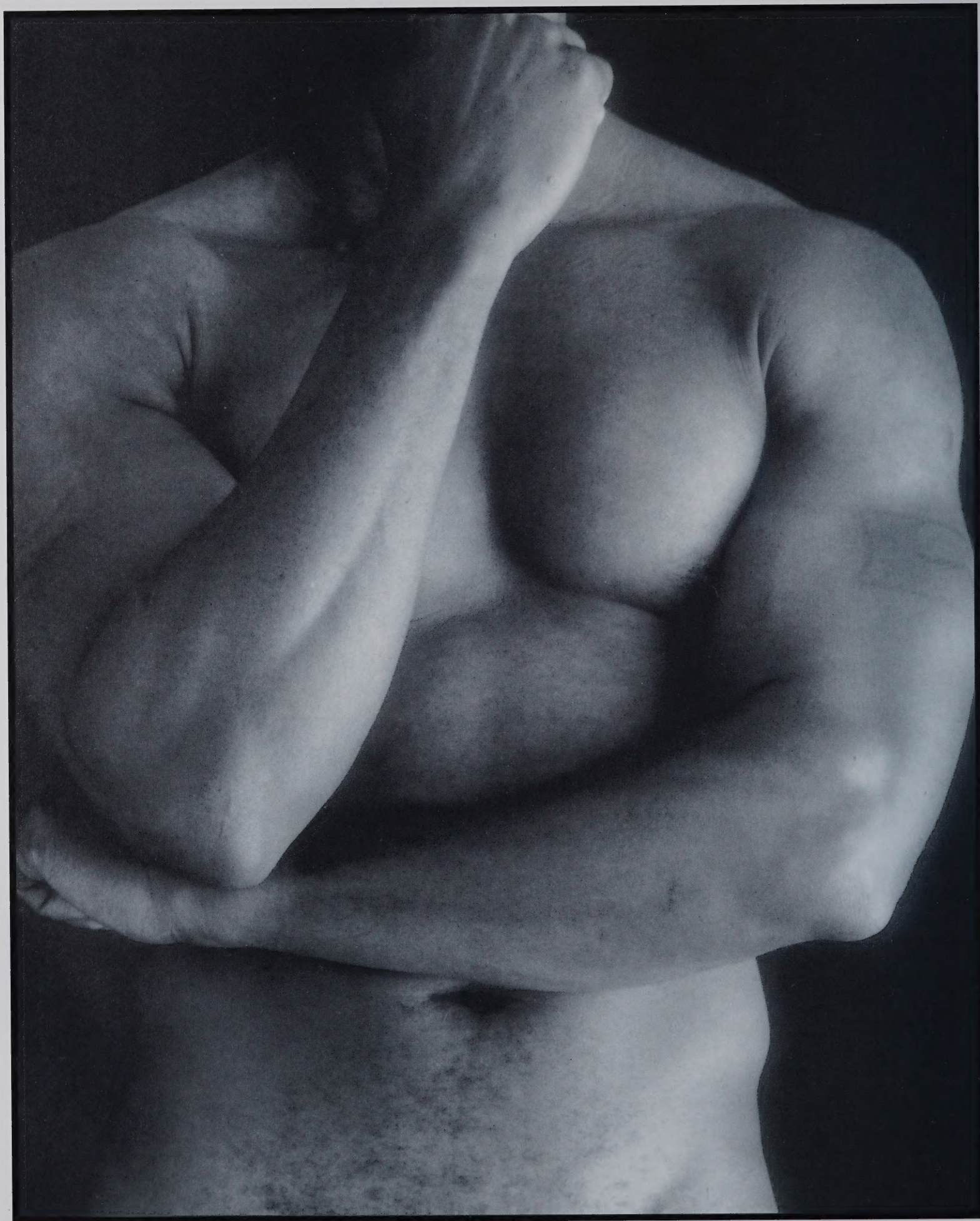
So it is with Dennis, the intensity of an artist flavored by the heart of a historian, documenting significant events at a certain point in time. The photographs on the following pages each tell their own story. And while the viewer is left to determine how the story unfolds, Dennis is content on bringing the image forward and make known its presence.





The bay area photographer's studio seems more like a gallery of historically significant art presenting images of African American family, relationships, intimate settings and culture. The context for the photography seems to be freedom of exploration, unrestricted curiosity and an apparent trust on the part of his subjects who reveal the most sacred part of themselves with candor and audacity.

Dennis reflection on his subjects, his work and his art seems to sum it all up with clarity and precision. "I love them all, I love them all". And so it is. 



BLACK MAN - FALLING IN LOVE

written BY Terrance Evans

I know a brotha who is always falling in love. Hopeless romanticism has been his game for as long as I can remember, yet he remains drained after most encounters because he involves his whole mind, body and spirit, often without the benefit of reciprocation from the other party.

The key word here is HOPELESS. I like to call it "being in love with the IDEA of being in love". Its supposed to mean there is no hope, nor desire to be anything but romantic. When in fact, it more accurately conveys that my friend has been setting himself up to fail. As one of my ex-boyfriends once said when I confessed that I was falling in love with him, "casting your pearls before swine". Okay, I will go ahead and admit that the hopeless romantic is me, and that I have been abusing my pearls.

Suddenly, I have started to question what this whole romance thing means to me. I have to admit that it has proven to be quite a task looking for meaning and order where there may be none. Although, I have found a few definitions of romance that give me a starting point. One of the first that I found was close but not on the nose, "a long narrative in verse or prose about the adventures of knights and other chivalrous heroes". This might be more relevant if I knew some knights or chivalrous heroes. I prefer "the quality or characteristic of excitement, love, and adventure found in romantic literature". Ant then there's the less optimistic definition, "an exaggeration or a falsehood". I am all too familiar with this one.

Romance, by definition, has its ups and downs, and when carelessly indulged, it can leave one forever changed, often for the worse. For those of us, who sometimes have trouble separating love from sex, it can be quite a bumpy ride. We sometimes fall into sexually charged situations (not necessarily sex) with intriguing individuals, and have to sift through the emotions and the sensual feelings, but we never sift out feelings of love and warm emotions. It's the air that we breathe, this thing called Romance.

Why must we sift all of the loving feelings out of sex, and remove even the possibility of loving someone if you have sex with them? It seems kind of backward. Anyone who has made love can testify without a doubt that it is far better than having loveless sex. But, to be fair, we have all run into sex partners who quite frankly, weren't worthy of our love. We need to start learning to date. But that is a whole 'nutha topic.

I keep hoping for a whirlwind kind of romantic encounter, one that is not initially sexual. The kind of encounter that can begin anywhere, like on a bus, or in the grocery store, even an Internet chat room. But couldn't it also happen in a bar or bath house? Why not?

There are those who accuse me of wearing my heart on my sleeve. But I want my heart to be a part of all that I do. Keeping it safe and secure in my pocket would defeat that purpose. I feel sorry for people who shut away their instruments of love, and will not play them anymore just because of a few broken strings. Yet their instruments of lust are quite often overplayed and out of tune. I'm sure they also feel some degree of pity for me, as they look down on me from the safety of their dark and dusty iron towers. While I go through my reckless dance of passion and whimsy, joy and pain, they wonder why I can't seem to tell the difference between love and lust. And I keep wondering, who started the idea that there was a difference in the first place. When did sex become reduced to a mere bodily function akin to using the toilet?

When my "ex" first tweaked my repertoire of favorite phrases with that old biblical reference on casting one's pearls before swine, I wasn't quite sure where I had heard it before. But after a little research I found it in the Bible, as one of those gems of wisdom attributed to Jesus Christ in the book of Matthew. Christian or not, these are words to live by. One translation is: "Do not give what is holy to the dogs; nor cast your pearls before swine, lest they trample them under their feet, and turn and tear you in pieces." I didn't realize at first, but my ex was warning me against himself. Quite a noble act, for swine, maybe even chivalrous.

I found out later that he had tried to have sex with my best friend, and although he had given me clues that he could be a pig, I was still somehow surprised. In fact, I was blinded by romance to the point where I accused my friend of initiating the sexual advances. He silently and mercifully took the blame, as the truest and best of friends will do when they see you bleeding inside before their startled eyes. Actually, he just knew that I wouldn't try to kill him because we had too much history. Eventually, the swine casually confessed that he had been the one to come on to my friend. A few days later, after the revelation, I cried on that same friend's shoulder.

How dim our perception can be at times. Sometimes, we are able to see so little in the brightest of light. My case of blindness and obsession was unique only in the choice of its object of desire, the particular man. I'm sure others among us have had similar obsessions. Some one else may not have even seen this brotha as worthy of even bringing out their pearls for him to see, let alone casting them before his feet so he could trample over them. And not just the "family pearls", not just the sex. More than that my emotions and my time, both very valuable commodities in life's market. For some reason, I found him repeatedly and wonderfully worthy. The word SPRUNG comes to mind.

Why was I sprung? Well, I saw in him a balanced blend of the things I find most hopelessly romantic. He had a good heart and strong intellect, and I was impressed by his spontaneous free spirit. One evening, he drove us to a hill with a view of the sun setting over the Pacific Ocean to the West, and the Los Angeles airport runway to the East. We explored each other's mouths occasionally, in between watching the planes take off over the ocean. We sipped wine while listening to Anita Baker in his climate controlled BMW. Another time, he surprised me with a picnic during a Monday lunch hour. Just called me at work and told me to meet him at a nearby park. We sat on a blanket, while we shared a sub sandwich and lemonade, engaging each other with our thoughts on life, flirting with our eyes and fighting the urge to touch each other (or more) in public.

On the physical side, once we got eight months into the relationship, the brotha knew what he was doing in bed. Without going into too much detail, he was very attentive and insatiable. I also liked the way he would call late at night when the world was calm and still, and plead, "Can I see you tonight, Baby?" Sometimes his voice would crack like a horny adolescent as he confessed that he was craving my body.

On the spiritual side, I was assured because he was a man who volunteered his legal knowledge at a local gay organization.

And he helped his nieces and nephews with their homework, filling in as the man in their fatherless lives. His heart clearly was capable of loving and supporting another human being. Yet he could not or would not love me. On the other hand, maybe he did love me, in his own way.

I would ask myself what was wrong with me. Eventually I found that the answer was, "Nothing Dammit!" Except for the fact that I so easily misplaced my emotions. After about six months, he left the city on some other emotional conquest. Maybe he was escaping the shrapnel and debris from others hearts he had left strewn about in this city. Mr. Right (or in this case, Mr. Do Right) ain't always right for you. In light of the way things turned out, I have been forced to recognize a few things. That the little spot near the beach was, and still is, a notorious "makeout" spot and not the personal "our spot" that I thought it was. In fact, it was merely a cheap date. That the 3 a.m. cravings for my body, were just desperate booty calls, and, that I may have been only one name on a very long list. I realized that he was just another brutha who can easily sift all the love out of the act of good love making, and reduce it to just good sex. A temporary need.

Of course, I can't blame him entirely. We hear so much babble nowadays about "letting go of the pain", but more often it should be emphasized that you must OWN your pain before you can let it go. As long as the pain is someone else's fault, it belongs to them and only they can fix it. I really shouldn't have given in to those late night booty calls, especially on work nights. I haven't yet made a definite decision as to whether the joy of hopeless romanticism is worth the pain, but I'm leaning toward acceptance of each as part of my vibrant life. My tears, be they of laughter or of joy, are a testament to the fact that I am very much alive.

Fortunately, I have learned that I am destined to repeat this pattern (because I am still a hopeless romantic) until I learn to keep my valuables, also know as 'my pearls', in a safe place and in better hands. Perhaps, I should have never even let this man see my pearls, which I now recognize as my heart and soul...and not just my genitals. Now, I find myself fighting the urge to lock them up for good. However, I cannot stop being who I am just because it is not an easy road. My task, then, will be not to stifle my romantic nature, but to direct it in positive ways. Which will be difficult given that the nature and rule of romance is the obvious lack of order or logic that it naturally inspires. But what I can do is be more conscious of how I treat myself and how I allow others to treat me. The next man who wants me to reveal my pearls had better be ready to take care of them as if they were his very own personal treasures. ☺

NEXT GENERATION

MAGNETIC

(for Dad & Joseph)

I have loved black men
agitated by the thick of it...
guarded like when they anticipate
the sting of a racial slur,
or a gender reprimand
for not being a manly enough boy.
I have caressed the tight in their backs
still longing for fathers to come back
with explanations for absence.

I have encountered baby daddies
oblivious to the souls that haunt them
Daily
In order to stay sane—
mandingo sons, weakened by their own
sense of potentiality
and too many deferred dreams.

I have forgiven men who have
inherited cycles that return
deadly as a boomerang...

I have kissed them
before they could speak sharp words,
like what they silence say.

I have held their hand for dear life
before they could strike me
with they fists,

or pull a gat on me
for reflecting they black back to them:
beautiful...

in ways that would bring them to tears
if they accepted it.

And I have been a man
terrified of being loved by these men,
preferring lonely corners or playboy paraphernalia
to being cradled
and feeling safe enough to cry.

I have been a man
who has witnessed my brother fall
just as his fingertips admit vulnerability
outstretched and longing for connection
and falling
like sunrays or rainbows
foreshadow a smile.

I have been a man
who smiles when I want most
not to
show
that side of myself—
trusting and delighted
like a lil nappyheadedblakkboy
unafraid of afro picks,
or being found hiding
by another black boy
behind a lil' tree
half my size.

I have been a reflection of myself
in the morning
eyes blushing or troubled or smiling
and wondering
what kind of man I will be
today, tomorrow.
And shedding yesterday's illusion of failure
for a better man
standing strong
open to loving real good...
especially myself.



Tim'm T. West

MONEY MATTERS

by Pamela Ayo Yetunde

(Marabella Books, 2000, www.smartsisters.com)

The Inheritance: A Stock

Later that evening at his apartment, Isaac pulled out his last investment statement and reviewed it. With what little he had to work with, he doubted whether he could "pull it off" with Gloria. He had just three stocks, and Gloria had twenty-three - with a total value of about \$837,000.

He had never researched a company before, so he could not really tell her about each company, their businesses, their competitors, their history, or their market positions for short-term and long-term growth.

LESSON NINE: Determine what professional analysts say about your stocks or the stocks you're interested in buying. An analyst works with a brokerage house, bank, or mutual fund, and studies the business practices, products, and markets of companies. They then make recommendations on whether investors should buy, sell, or hold stock. *The Wall Street Journal* and *Institutional Investor* rank analysts by the accuracy of their estimates.

Isaac knew he could not pull together a fundamental analysis on each company. He would just accept that he was ignorant in the area. As gifted with gab as he was known to be, he did not want to risk exposure with Gloria, an experienced investor, and a most beautiful woman. Yet, Ms. Loaded and Beautiful expected him to provide her with some investment advice. The thought of deriving a strategy on when to sell, buy, or hold any of these 23 stocks overwhelmed him. How would he know which orders to place? Maybe he would just tell her to hold on to each of them until she needed to sell shares for cash. Yeah, that was what he would do. Or he could call B.B. Freeman and get a quick lesson in portfolio management.

He picked up the phone to dial Freeman, hoping he was not there and that Freeman could just return the call with an answer and no off-the-wall stories.

"This is B.B. Freeman."

Surprised into speechlessness, Isaac sputtered, "This is Isaac Jamison. You're my mother's broker, you may remember meeting me."

Pamela Ayo Yetunde, J.D. is an investment advisor and educator. She is also the author of *Beyond 40 Acres* and *Another Pair of Shoes*. Pamela can be reached through www.smartsisters.com or at 510-337-3242.

Picking Story

B.B. was silent for a moment. "Yes, I remember. What can I do for you?"

Isaac was surprised that Freeman did not give him a hard time. He proceeded to tell Freeman the purpose of his call and Freeman asked if Isaac knew about Tyrone Freeman—

Tyrone Freeman was Tobi's great grandson. He looked a lot like Tobi, tall and burly. Tyrone did not like what he had seen in the North – he found it quite brutal. Not that the South was any better. He had heard from others that there was only one way a Negro could have a nice lifestyle that was also free of racial prejudice, in the U.S. armed services. His father Terrell begged Tyrone not to fight for the U.S. because it was not his country to fight for, and the so-called enemy had done nothing to the Negro. Tyrone was determined. Who could blame him? His great grandfather had been a slave in the South, his father a sharecropper in the South, and his father an exploited factory worker in the North. Why not get into the Army and serve in Europe, he thought? It did not matter that there were Negro-only

platoons – all he wanted was to get out of the United States and be the first man in his family to be treated with dignity.

"Ugh!" Isaac said after he hung-up the phone. It was bad judgement to think Freeman could have helped. Then again, his mother was happy with her relationship with Freeman. Maybe he could simply refer Gloria to Thomas Securities rather than CCAM and give a brother like Freeman a break. But how would he benefit if she took her money somewhere else? I sure wish I could be her advisor, he thought.

LESSON TEN: Invest with as much information as you can gather and understand. Isaac was unwilling to delve into the news and financial reports because doing so meant that he might miss out on immediate appreciation opportunities in the stock market. Yet, he realized that he was taking more risk than necessary by investing without information. What he was willing to do with his money was not a prudent approach for dealing with other people's money. Treat your investment dollars as if that money belonged to a loved one. Ask questions and seek out information. 

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WOMENS HEALTH

A Guide to Alternative Insemination for Lesbians

by Janine Y. Saunders, Lyon-Martin Women's Health Services

The decision to have a baby is one of the most important choices that any person will ever make. The joy of sharing your life with a child is virtually unmatched by any other human experience. Increasingly, lesbians are joining the ranks of motherhood and adding to the ever-changing definition of family. While there are many obstacles to lesbian conception and pregnancy, these are definitely outweighed by the benefits. For many lesbians, the dream of becoming a mother has been just that: a dream. Increasingly, however, many women are turning that dream into a reality

Numerous studies have shown that children raised by lesbians are just as healthy, both physically and psychologically, as children raised by heterosexuals. Further, being raised in a lesbian family often gives children a depth of character that is not seen in their peers. Our children are often more accepting and more compassionate than other kids. Often homophobic family members and friends scare lesbians away from parenting. They may be holding onto outdated notions about children from alternative families.

Lesbians have been rearing children since the beginning of time but for years had to do so in silence. Their fear and shame kept them in the closet. Today's alternative families are living openly and honestly in front of their children, their peers, and the world. There is a possibility that our children may suffer as a result of our sexual orientation; that is a fact. Will we feel guilty? Perhaps, yes. Do all parents suffer from guilt? Undoubtedly, yes. Should this stop lesbians from having children? Undoubtedly, no. All parents want the same things for their children: to grow up happy, healthy, and intelligent; to have confidence without arrogance; to have curiosity without obnoxiousness; and to be possessed of a full and uncompromising sense of self. Lesbian parents are no different.

The following series of articles explores the various ways in which lesbians become parents. There are numerous ways for lesbians, both single and partnered, to create families. These include alternative insemination, adoption, surrogacy, and a variety of other family configurations. How will you choose to start your family?

Suggested Reading:

Considering Parenthood by Cheri Pies

The Lesbian and Gay Parenting Handbook: Creating and Raising Our Families by April Martin

The Lesbian Parenting Book: A Guide to Creating Families and Raising Children by D. Merilee Clunis and G. Dorsey Green
Alternative Insemination

Alternative insemination (sometimes called artificial insemination or donor insemination) was once used primarily by infertile heterosexual couples and is becoming more common among lesbians. This method involves implanting donor sperm (either from a known or unknown donor) within the uterus of the women who will carry the baby. The semen can be "unwashed" and inserted via intracervical insemination (ICI). This procedure is less expensive and is preferred by many women because the insemination can be performed at home. Alternatively, the semen can be "washed" and inserted in an intrauterine insemination (IUI). This procedure is more expensive but is also more likely to result in pregnancy since the sperm are placed closer to the egg. This procedure is typically performed in a hospital or clinic although it can sometimes be done at home by a midwife. In some states, the law requires that insemination be performed by a licensed physician; in these states, sperm banks cannot ship sperm to your home. Using a health care provider or a clinic may be unwelcomed as an added expense but can be useful to some women. A clinic can be helpful in ironing out legal concerns, helping to find a sperm donor, and answering questions about insemination.

The first step in the insemination process is finding a donor. Some women are most comfortable choosing someone they already know. Choosing a known donor with whom you are

familiar and who shares many of your values is important if you want the donor to play a role in the life of your child. If you are in a relationship, you may want the donor to be a member of your partner's family so you both have genetic ties to the child. Even when using a known donor, it is important to screen the donor for sexually transmitted diseases, including HIV. It is also a good idea to get a family health history and genetic information from the donor. A fertility clinic may be able to help you with this. A clinic may also recommend a lawyer to help you prepare donor paperwork. If you are using a known donor and want the donor to waive all parental rights, you must have an agreement in writing. An oral agreement is not sufficient. It is wise to get the process started before the baby is born.

Some women choosing alternative insemination choose to have children using anonymous donors. This frees women from the worries of unwanted paternal involvement. Using an unknown donor through a clinic can also be convenient for lesbians who want to have more than one child using the same donor. For a small fee, many clinics can store sperm until it is needed later. Some clinic also have donors who wish to remain anonymous when the child is young but agree that they can be contacted when the child is eighteen. This may be the best choice for families who want the privacy of an unknown donor but want to give the child the opportunity to meet his or her biological father as an adult. Anonymous donors are pre-screened for a variety of infectious and genetic illnesses. Some clinics can also provide information on the donors' hobbies, education, and family background.

Alternative insemination procedures range in price depending on location, number of cycles needed, and the type of service provided. Initial fees can range from about \$100 to well over \$1000. Each sample of donor semen can cost up to \$500 and most women will need several cycles before they become pregnant. There may also be fees for office visits, counseling

sessions, and lab tests. While some insurance plans may cover a portion of these expenses, no plan covers everything. It is wise to be financially prepared for the long-term expense of using this method to conceive. It also helps to be psychologically prepared. The process of alternative insemination can be very difficult. It is important to have ample support systems in place, whether they are from family, friends, your community, or from women who have survived the process. Find support groups in your area for lesbians going through the insemination process. A good place to start is Parents and Friends of Lesbians and Gays (PFLAG). They can be contacted at www.pflag.org or 202-467-8180. Another good organization is Prospective Queer Parents; they can be reached at www.queerparents.org.

For women in relationships with other women, the rights of the non-biological parent must be addressed. The best way for the non-biological parent to gain legal parental rights is through a co-parent adoption. The availability and legality of co-parent adoptions vary from county to county and also depend on the statutes of the state in which the couple lives. Lesbians who wish to pursue co-parent adoption should consult an attorney familiar with this area of law before the baby is born. The National Center for Lesbian Rights (NCLR) is a good source of information about laws in your state and can be contacted at www.nclrights.org or by calling 415-392-6257. 

Suggested Reading:

The Ultimate Guide to Pregnancy for Lesbians
by Rachel Pepper

Challenging Conceptions:

Planning a Family by Self-Insemination
by Lisa Saffron

Lesbians Choosing Motherhood:

Legal Implications of Donor Insemination and Co-Parenting
by Maria Gil de Lamdrid

TRANSFORMATIONS



A Message to My SGL Brothers...

Sharyn Grayson

For the longest time now, I have wondered about the tremendous lack of understanding and communication that exists between my SGL brothers and the Transgender community, at large. What are the overwhelming facts that have created, and continually permeate, the great divide that keep us from the mutual rewards of solidarity and respect.

In approaching this subject I am reminded of the fact that there are many, many wonderful relationships—past and present—that I have cherished with Gay men on every conceivable level of socialism. And, for the most part, I like to think that our relationships have been genuine and sincere.

As a Transgender woman living in a “man’s world” (as they say), my role in certain situations is often dictated or guided based solely upon my personal choice of attire. Imagine if you will, there are times when my intellect, my dreams and ambitions, my abilities, my emotions and my lifelong personal achievements are considered meaningless and without any merit. Some feel that because I wear women’s clothing I am incapable of having any amount of credibility or stature in my character or, in my life!

Believe it or not, many SGL/Gay-identified men feel this way about the Transgender community. And what is it that creates this profound lack of respect among us? I mean, aren’t we from the same segment of the general population that is considered abnormal, anyway? Or, is it just that Transgender men and

women are “*more*” abnormal than the rest of those individuals classified as living the same unsavory Gay (Homosexual) lifestyle?

Various arguments and debates over the years have chronicled this malady as being due to such situations as the ‘internalized homophobia’ of the Gay man; the perceived threat that TG persons pose to men and women who self-identify as Gay (i.e., a TG person may steal their lover); or, the absolutely ridiculous idea that there is a seeming sense of jealousy about the freedom/openness in which the TG person lives their life—as opposed to the more conservative lifestyle of the average Gay person. Although I consider all these hypotheses to be totally ludicrous, I am still confused about the basic principal that keeps us—the TG community—at the bottom (or base) of the “Gay family tree”, if you will.

Why are we so unable to bridge and maintain a formidable place of equality among our peers? This question has weighed heavy on my heart and mind for years.

I’ve heard it said that the TG community is fickle and lacks a basic sense of self-respect and pride. Well, I couldn’t begin to tell you the numbers of Gay men who have proudly recounted sordid details of their hundreds of “*bath house*” trysts and nightly “*drive-by crusades*” along the streets of any major city that would come to mind. And just for the record, I couldn’t get in a “*bath house*” if I bribed the doorman! At least, not the more popular

ones across the country. They "don't do TG's"...! Like in my younger years, when I (TG's) was not allowed entrance to certain popular Gay bars around the country. But we won't go there.

So WHAT exactly is it that creates this great divide? Even more important to me, is what can we begin to do to bring about mutual understanding, respect, and unification among us.

Although I am not sure what my Gay brothers and sisters expect from me as an individual, I must say that I am open to respectfully engaging myself in a process to listen. Historically, communication is the tool by which great alliances have been forged. I believe, wholeheartedly, in its power.

Okay. Here is a point from which we can begin to work toward a solution. The next time you encounter a TG sister or brother, begin some form of casual dialogue...just as you would with anyone else. Understand, however, that there are just plain fools in every segment of life. If you are unfortunate in your endeavor and encounter one, *please*, do not rush to the judgement that all TG persons are like that misguided one! Eventually, I'm sure your persistence will lead you to an individual that may begin a long and rewarding friendship. And imagine the potentially exciting and wonderful experience in having the ability to expand your own self amid affable persons from all walks of life.

The way I see it today, my SGL/Gay brothers are not handling well, coexistence with their TG family. We really need to come to terms with this lack of unity and respect among us.

My peers in the TG community have, for too long, expressed a tremendous sense of unwelcome, disrespect, and lack of trust felt among us. Believe me when I say...there are many of us who support you and truly understand the profound burden you bear in being SGL/Gay men, in today's society.

Your Transgender sisters are not concerned with what society thinks of you. You are our brothers...representative of our pride and our strength. Therefore, we need/want you to be strong, have character and feel self-assured in your decisions and in your lives.

What we need from you is simple...your respect. And this must not be based or mired in our choice of attire, nor our ability to "clown ourselves" on stages before you. The respect must be genuine and based solely upon the same principals you would ask others to use in judging yourself.

Wishing you much love and prosperity...

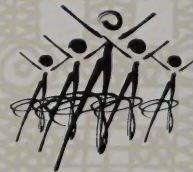
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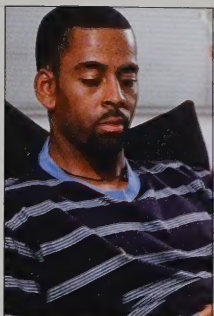
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THE SPIRIT REMINDS US



Celebrating Black Men

by Sundiata Najja Alayé

This month's issue "Celebrating Black Men" couldn't be more relevant or more timely. There is a desperate need to celebrate Black men and the Spirit is prompting me to pay close attention. A new and insidious plan is in the workings it is telling me – a plan designed to further demonize, alienate, and depress Black Men and to victimize and depress the Black women who love us.

The Spirit is reminding me to anchor my mind and my spirit deep into our amazing history; the cultural and spiritual traditions, the faith in God, and the many triumphs of Black men. The Spirit is posturing me to stand ready for a mental whipping, one that will cut deep into the hearts, minds, and spirits of my Brothers as the media scrambles to pin down the ever-growing rate of new infections of HIV, particularly among heterosexual Black women.

There has been much exposure and debate aimed at Black men who have sex with men who don't identify as "gay" or "bisexual". And with this exposure there is a witch hunt of sorts brewing against Brothers who chose titles such as "On the down low," "DL", "kickin' it", "Homo thug", "Yomosexual", and others. We know that the rejection of the word "gay" isn't a new phenomenon, and because of the detestable images the word "gay" conjures up, black men who have sex with men have rejected its use. The effects has caused some to live for many years in a constant state of denial, internalized homophobia, and self-hatred that has caused emotional scars and in some undiagnosed depression.

There are many factors that contribute to the increase in HIV infections in the Black community. Yet there is indeed a relationship between the growing number of Black women infected with HIV and the risk behaviors of some Brothers who

live on the down low and may also have unprotected sex with men. Yet as we acknowledge this as an issue, and it is, it's imperative that we also uncover the reasons why this is so and institute a means to immediately address it.

These conditions result from a myriad of issues, including racism, homophobia, and internalized homophobia, and from cultural, religious and spiritual conflicts that has caused many to lose interest in the Spirit. This is the root of the problem. Indeed, many Brothers are convinced that because of sexuality that they are condemned to eternal hells. As a result, self-preservation becomes merely an afterthought, and the inherent threat it poses to our women, children, and communities not readily seen.

The Spirit reminds us that while this society can cause us to become angry, frustrated, and isolated at times, the hell we are condemned to is the hell we claim for ourselves - those we commit against our very own spirits. Our reactions to the adversities we face, which result from fear, is sprouted from our separation from the Creator. In celebrating your spirit, mend your soul and find your way back.

The Creator has granted us "free will". Labels do not matter. We can call ourselves gay, bisexual, transsexual, transgender, same gender loving, two spirited, on the down low or nothing at all. Free will says that you can chose to describe it as you

see fit, or don't describe it at all! In fact, defining yourself by our own terms is self-empowerment in its truest form and a beautiful expression of how you view yourself in relation to the world. You have the right to "re-language", and we should. But the Spirit also reminds us of love – the love you must maintain for yourself, for our Brothers and Sisters, and the accountability love brings with it.

As we celebrate the Spirit of Black Men, we ask you to also celebrate your own. In doing so, think of your life as a rock, and the world and all that is in it as an undisturbed pond. Now picture what happens when the rock hits the water – the ripples extend far and wide – and the pond is forever changed by the actions of the rock. So it is with your life. Not only do you have the ability to affect change, you are change! To believe this requires that you pray for wholeness and the ability to love and accept yourself in your completeness. You are loved and needed. Your life and all of ours is worth saving.

The Spirit reminds you of the truth: It doesn't matter if you call yourself gay, straight, bisexual, or on the down low. What does matter is that you are at peace.

Peace, Blessings, Light, Love
Sundiata

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For more information or for the "Many Men, Many Voices" curriculum training please call (718) 230-0770



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In contrast, white American straight men haven't relied as much on homophobia to construct their masculinity (they used such "tools" as providing for their families instead). They didn't anxiously come to Eminem's rescue. His lyrics came off as being merely childish and senselessly provocative. Eminem backed off.



True Power Talk:

Once upon a time, physical strength was key to power. Today, money and knowledge are the keys. The physicality of Black masculinity is impotent.

Yet in many ways, Black men are programmed to eschew the power of knowledge. Formal education may be dismissed as "the white man's brainwashing." Religious leaders preach "faith" rather than critical thinking. "Thug culture", so popular today, is rooted more on prison culture than Ivy League. Black popular culture (as expressed in the media) is anti-intellectual.

Yet it is the power of knowledge that will enable us to evolve and rise to the top of an ever-changing world. We need more than just "street knowledge" or "education from the school of life." Should we hold on to xenophobic notions of a Black masculinity then become extinct like dinosaurs? Gang warfare proved that such extinction is not impossible. ☹

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MENS HEALTH

How to Pick the Right Doctor

When you're HIV-positive, choosing the right doctor to treat you can be a critical decision. Your physician will be your partner in making major decisions about your health.

Maybe you already have a doctor that you like, but is he or she the right person to stay with for your HIV treatment? It may be convenient to go to a doctor who is close to your home, but it's far more important to choose one who is an expert at treating your illness. Studies show that having an experienced doctor can help keep you out of the hospital and even help you live longer!

Here are six things to look at when choosing a doctor:

1. How Much Experience Does He Have With HIV?

Ask the doctor how many HIV-positive patients he has. You want to go to a doctor who has treated at least 20 HIV patients in the past two years. The more HIV patients a doctor has, the more experienced he should be in HIV treatment.

2. Does She Participate in Ongoing Training and Research?

Find out how she keeps up with the latest advancements in HIV treatment. HIV research moves extremely fast. You want a doctor that stays on top of it. If she doesn't go out of her way to keep up with HIV treatments through continuing medical education and other types of training, you should find a doctor who does.

3. Is He Board Certified?

"Board Certified" means that the doctor has passed a difficult exam given by experts in a specific field of medicine. Being board certified doesn't guarantee that a doctor is a good choice, but it does show that he is qualified in his specialty. Most people with HIV are treated by a doctor who is board certified in Infectious Diseases, Internal Medicine or Family Practice. There is no board certification yet for HIV medicine itself, but it's likely that there will soon be some form of official recognition of expertise in HIV care.

4. Does He Have the Same Ideas and Attitudes as You?

It's important that you and your doctor have similar ideas about treatment. Some doctors will only use "tried and true" therapies. This may not be a good match if you're interested in experimental treatments or if you want to join clinical research trials. Your doctor must also be understanding of your personal choices. You need to feel comfortable telling him about very private things, including your sexual behavior, drug use and missing doses of HIV medications. This may not be easy if you feel like he is judging you.

By Jodi Tack – AIDS Healthcare Foundation

5. Can You Get In? Even if you find the perfect doctor, it's no use if you can't see her when you need to. Ask the doctor or the receptionist how long it takes to get an appointment. Then ask how long patients usually have to sit in the waiting room. It's also helpful to know if the office is available 24 hours a day in case of emergency, and who you would see when the doctor is on vacation. Insurance may be a factor, as well. Find out if the doctor accepts your insurance plan, and ask what would happen if you lost your insurance coverage or became eligible for Medicaid.

6. Are His Patients Satisfied? A doctor's other patients can give the best clues about whether he is a good choice. Talk to some of them and see what they have to say. One person's opinion may not be enough to make a judgment, but if 3 or 4 people you trust all like the doctor, he may be a good choice for you. Many providers also publish results of surveys of their patients' satisfaction. Ask to see them.

Beginning a search for a new doctor can sometimes be overwhelming. There are resources that can help you narrow down your choices. These referral sources can start you on your way.

Where to get referrals and learn more:

Local AIDS Service Organizations and Community Health Groups – These groups usually have lists of doctors in your area who specialize in HIV treatment.

Other people with HIV – If you don't know anyone with HIV, local support groups are the best way to meet others who can share their experiences with you.

American Academy of HIV Medicine (AAHIVM) – AAHIVM is an organization for doctors who specialize in treating HIV/AIDS. You can search for an AAHIVM doctor in your area using their online referral database located at:
<http://www.aahivm.org>.

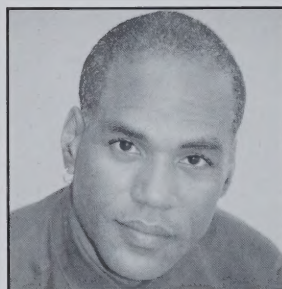
Your state's medical board – Every state has a medical board that keeps track of doctors who practice medicine there. Your state's medical board can tell you if a doctor is licensed and if there has been any disciplinary action against them in your state. They can't refer you to a specific doctor, though.

Federal Physician Data Center – This website will tell you if any disciplinary action has been taken against a doctor anywhere in the United States. The website is located at:
<http://www.docinfo.org>.

There is a \$9.95 fee for every name you look up. 

HIV AND YOUNG GAY MEN

by Phill Wilson



For months I've been consumed by the most recent CDC study on HIV and young gay men. The study showed huge disparities in HIV prevalence and incidence between black men and other racial ethnic groups. I've been mortified by the reaction to and the lack of action taken in response to the information unveiled in the study.

Many of the large AIDS Service organizations, the ones who receive the lion's share of AIDS prevention dollars, have reacted to criticism in a defensive manner. "You can't blame us because black men can't or won't protect themselves. The problem is black homophobia. Black men need to come out." Certainly AIDS service organizations should not be blamed entirely for the prevalence and incidence of HIV among young black men. But these organizations collectively receive 100's of millions of dollars to prevent HIV. There are two choices. Either HIV prevention efforts are relevant and should be supported and held accountable. Or, they are irrelevant, should not be supported and not held responsible in any way for HIV prevalence or incidence. I reject the notion that black people are any more or less homophobic than other racial groups.

I fall in the former camp. I think prevention programs are critical. We've made some tremendous advances with some populations. Others, and this case the others are young black gay/sgl/msm, we have failed.

It seems there are very few who want to build a really cogent, effective response to the HIV/AIDS pandemic that resonates with young black men who are sexually active with other men.

It's what I call the Alice in wonderland syndrome. Where we believe "what is, isn't and what isn't is."

What isn't?

Everyone, including black gay/msm/sgl men believed that the HIV incidence and prevalence disparities between the African American men and the other men in the study was attributable to riskier behavior by the black men.

What is?

While it is true, there is a higher incidence among African American men and HIV is more prevalent among African American men than white and Latino men.

We now know that the black men in the study engaged in less risky sexual behavior than their white and Latino counterparts. As a group, they had fewer partners, were less likely to engage in unprotected anal sex and postponed becoming sexually active longer.

Here's one of my theories. HIV is a disease of sexual networks. Thanks to the media, particularly television, young white gay men have *role models* that are not available to young black men. There's *Dawson's Creek*, *Will and Grace*, *Ellen*, *Queer as*

Folk. As a result when a young white gay man decides to explore his sexuality, he is more likely to do so within a "peer" network. Most often HIV has not entered this network.

Johnny's eighteen. Being gay is a possibility in his world. He and Tommy, his best friend since they were six, get together one night to watch T.V., play video games in his room, whatever. They begin to talk, "Have you ever done...? Have you ever thought about...?", and before you know it Johnny and Tommy have had their first male sexual encounter.

There are virtually no media messages to suggest to a young black man that being gay is even remotely possible in his world. When a young black man begins to explore his attraction to other men, his initial partners are more likely to be older men who are already members of sexual networks where HIV exists.

Rashad is nineteen. He thinks he's gay. There is no one for him to talk to. He takes the A train from Brooklyn to the village. He finally finds the pier, where young black men hang out; he meets twenty-two year old Raheem. They "fall in love", have sex and before you know it Rashad is infected with HIV. Raheem finds out about his own sero-status only after being confronted by Rashad.

So does the lack of black MSM images completely explain the HIV disparities between black and other men who are sexually active with other men? Of course not. If TV images were the only issue, we would not see the disparities between black and Latino men. AIDS is very complicated, as is sexuality. There are of course many reasons why there are HIV health disparities between black people in general and for the purposes of this column young men who have sex with men in particular. There are issues about masculinity. What is it? How do men learn about it? What relationship does it have to sexual behavior and HIV transmission? There is access to health care, including health education. Too many poor people still receive primary care in emergency rooms and a disproportionately high percentage of MSM who receive their primary health

care in emergency rooms are African Americans. There are notions about immortality as well as fatalism. When health educators talk about barriers to reaching young people, the issue of immortality often comes—some young people feel they are invincible. Sadly, many young African American MSM feel the opposite. They believe they are not going to survive, therefore what difference does it make if it is HIV, drug overdose or "Suicide by Police". Effective HIV prevention for young black MSM will require us to address all of these issues and many more.

Do we now blame television for the HIV disparities? Actually, if we must play the blame game, there is enough to go around. But, we should once and for all, stop playing the blame game. It doesn't help and in fact it is a huge barrier to developing effective HIV programming. We need to abandon many of our biases that prevent us from seeing "what is". The villain here is an insipid virus that is better at doing its job than we are in doing ours. I don't care whose fault it is that we are not where we need to be in the fight against HIV/AIDS. I want to know whose willing to step to the plate, use the things we've learned that are useful and create new models that reflect the HIV/AIDS paradigms before us.

The bottom line is this. We lost valuable time in responding to the CDC study because very few people were willing to challenge the assumptions about behavior. No one was really willing to say. "O.K., there is a disparity, but why?" This speaks volumes about why current prevention efforts are failing black men. Black men have been so demonized by our society that it is easy for us to assume the worst. Rarely do we see black men as other than sexual predators, immoral aggressors with little regard for human life. Black gay/sgl/msm are still black men. And, black men, if we are seen at all, are seen as menaces.

That's all for now. "I'm late, I'm late for a very important date. No time to say hello good bye. I'm late, I'm late."

Lewis Carroll

The mad hatter from Alice through the looking glass 

MUSIC REVIEW

Kenny Lattimore WEEKEND



Arista Records and President/CEO Antonio LA Reid are feeling the anticipation as the October 9th release of **Kenny Lattimore's** Artista debut, **Weekend** draws near. The album's lead single, "Weekend" (produced by The Characters – Troy Taylor & Charles Farrar), is already off to a strong start. The track was the #1 Most Added song to Urban AC radio stations. The sexy, upbeat video, shot in Los Angeles by well-known director Cameron Casey, has just been serviced to national outlets.

"Recording **Weekend** was a process of discovery," Lattimore says of the new album. "This time around I wanted to create something for the younger generation and still retain the sensitivity and maturity of my past albums." The artist serves as album co-producer and co-wrote several songs on the new set. In addition to **The Characters**, other producers on the album include **Raphael Saadiq, Battlecat, Travon Potts** and **George Duke** among others. Soulful chanteuse Shanice makes a guest appearance on the track "Can You Feel Me."

Lattimore captivated listeners with his 1996 self-titled, Gold-certified debut album, which included the Grammy-nominated classic "For You." He followed that two years later in 1998 with **From The Soul of Man**. There we recognized Lattimore as an artist with vision that goes beyond the usual battery of radio-friendly hits about love. There is something about the rich and flawless tenor coloring of his voice that is utterly engaging.

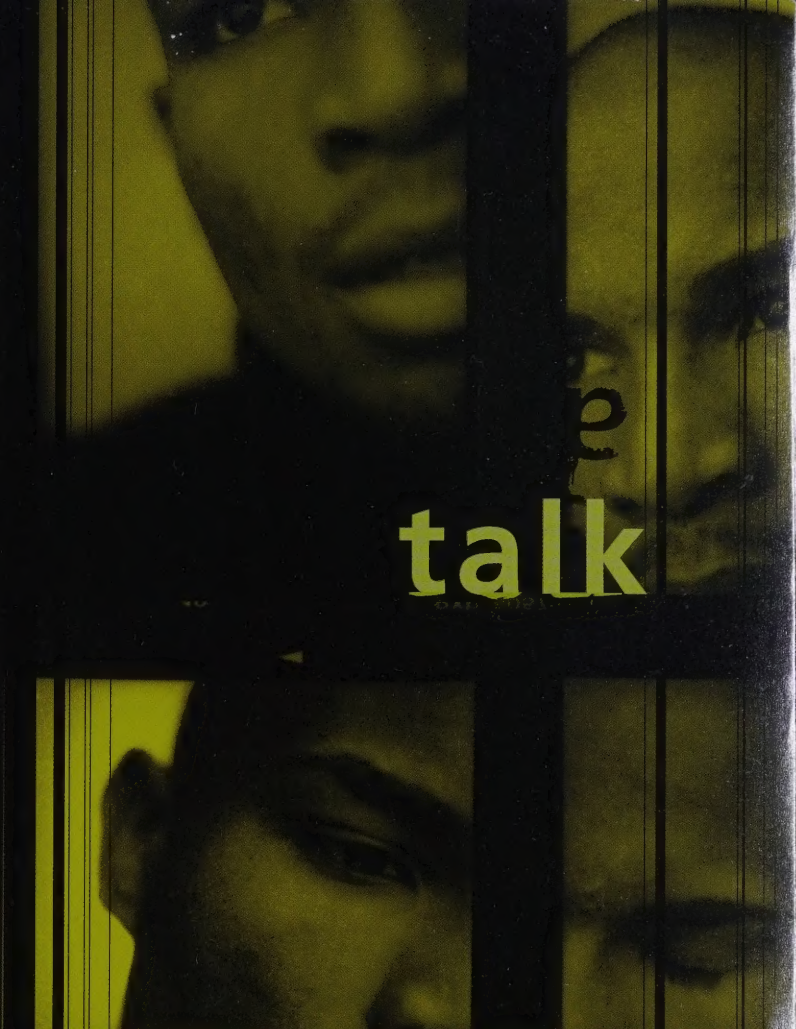
Influenced by major artists such as Donny Hathaway, Stevie Wonder and Luther Vandross, Lattimore's fans will immediately feel his growth as an artist with **Weekend**. The Washington, DC native's talents as a vocalist and songwriter go to the next level on this new song cycle. 🎧

For more information on Kenny Lattimore and the new album WEEKEND visit him at:

www.kennylattimore.org or www.arista.com



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ARISE

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Matthew Jordan Smith

Heroes in the Struggle

the harlem

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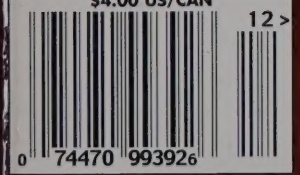
Fashion Flair

The Faces of AIDS

Vol. 1 No. 12 Dec. 2001

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12 >



F E E L T H E P O W E R

Bill T. Jones, award-winning choreographer and dancer who has lived openly with HIV and confronted the personal, social and political dynamics of the epidemic in his art.



ARISE: 1. To get up as from a sitting or prone position. 2. To move forward; ascend 3. to come into being; originate.



ARISE

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ARISE MAGAZINE

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GYE NYAME is an Akan symbol, representing the omnipotence and the omnipresence of God, originating from Ghana, West Africa. ARISE Magazine embraces **GYE NYAME** to affirm the inherent spiritual nature of all African descended diverse people. While we acknowledge and honor the bountiful expression of our individual spiritual beliefs, **GYE NYAME** is offered as an articulation of our totality and our collective strength to effect positive change.

Our struggle for liberation as African lesbian/gay/bisexual/transgender/intersex/questioning/kweir/same-gender-loving/2Spirit people will only enrich the struggle of all oppressed Africans and make the victory all the sweeter!

Prof. Dr. Eliyahou Farajajé
Dean of the Faculty and Professor of Cultural Studies
Starr King/Graduate Theological Union
Berkeley, CA

"So go ahead. Ask Me anything. Anything. I will contrive to bring you the answer. The whole Universe will I use to do this. So be on the lookout!"

*from Conversations with God
by Neale Donald Walsh*

Thanks ARISE for being a part of the conversations.

Yours in wholeness and wellness,

Rev. Alfreda Lanoix
Unity Fellowship Church
Los Angeles, CA

Congratulations y'all ... ARISE is meant 2 be!!! Many folks sit back and wait for something to happen ... congratulations to the brothers who didn't waste time sitting and waiting! Happy Anniversary ARISE!

Kwame Banks,
MOCAA
Boston, MA

What an honor it is to be connected to the powerful force that is ARISE, a name befitting this vital force that will always have a place in the heart and soul of IN THE MEANTIME MEN'S GROUP. Thank you for connecting us to our global community. We wish you continued peace, power and prosperity.

One Love,

Jeffrey C. King, President
Ivan Daniel III, Vice President
IN THE MEANTIME MEN'S GROUP
Los Angeles, CA

Congrats on the first year! I am very excited that your dreams have been captured in print and reflect the chorus of voices from the African-American LGBT community. I look forward to working with you more closely in 2002 as I redefine my life and priorities. Just remember that "total success is accomplished by mastering mental, emotional and physical balance, and by applying consciously chosen success strategies and responses to all the events you encounter." I look forward to another year of creativity, insight, beauty, empowerment and love. Keep the peace!

Eddie Dobbins

Congratulations, ARISE, on being the first magazine to seriously and passionately celebrate the diversity of sexual experiences we share as people of African descent. You inspire me.

David Malebranche, MD, MPH

MacArthur and Glenn:

ARISE has provided the black gay and lesbian community with a quality publication that shares a balance of diversity, knowledge, entertainment and positive encouragement. I look forward to sharing in your success during your next twelve months.

Maurice O'Brian Franklin
Balm in Gilead

Congratulations are not enough! I pledge my eternal love and support for your reason, your effort, your energy. You are shedding light on a hidden history, creating a new one, and documenting our brilliance, emergence, redefinition and newness. Had ARISE been around ten years ago, I would have felt so much better about myself and my same gender lovingness. Just think of the lives you touch and those you will save!

Standing with you ... shoulder to shoulder,

Sundiata Najja Alayé

"My favorite salutation is Take care of yourself and your blessings. As a black gay man living with AIDS, I consider ARISE one of my blessings. It inspires me, it comforts me and it reminds me that the world can be made a safe and loving place for all of us.

Phill Wilson
Founding Director,
The African-American AIDS Policy and Training Institute

ARISE Magazine creates a forum through which a dialogue between and among black men can occur and be amplified. The unique issues that have been wrought out of our past and are so very much a part of our present need to find expression so we may begin to take control of our futures. HIV/AIDS and the behaviors that spread it must be seen as a problem that is, of, and in, the black community. We must change our realities to stop HIV, stop the self-recrimination that fuels its spread, and allow African-American men, all African-American men, the freedom to define a "self-expectation" that enables each to reach their potential. Arise and begin the dialogue.

Dr. Eric Goosby
San Francisco, CA

What an honor it is to know that right in my backyard (Oakland) another star has been born, to shed some much needed light on our beautiful and diverse community. Thanks ARISE for taking the chance.

Much respect,

Joe Hawkins
Club Rimshot
www.clubrimshot.com

Many congratulations on your first-year anniversary! ARISE fills a need for a magazine that speaks to diverse African Americans in their own language. As an organization seeking to reach the community with an important health message, AIDS Healthcare Foundation is proud to be associated with your publication!

Jan Killips
Director of Marketing and Development
AIDS Healthcare Foundation
323-860-5214
jan@aidhealth.org

It's been my great pleasure to bear witness to the growth of your class-act magazine for the past twelve months. Wishing ARISE much continued success for many years to come. Hope to continue to be a part of your future.

Sincerely,

Jim Dennis
Photographer
Emeryville, CA

MacArthur, Glenn and the ARISE
Family—Happy Anniversary

We are Africans Related In Struggle and Excellence, ARISE magazine is a result of how excellent we can be when we utilize our collective consciousness to uplift, reclaim and affirm our goodness as a people, a race and a society.

Much continued success...
Peace, love and light,

Jamal Bey
Black Brothers Esteem Manager
San Francisco AIDS Foundation

You've given our communities a positive and uplifting publication we can all be proud of. No skin, no erotica. Just high-quality, valuable information.

Thanks,

Jim Harvey
Washington, DC

National AIDS Education and Services for Minorities salutes ARISE Magazine for their first and full year of publishing a magazine that contributes to the quality of life for same-gender-loving people of African descent. We are grateful for your existence.

LaMont Evans
Director of National Programs
National AIDS Education and Services for Minorities

With joy and pride we continue to hold and honor the space which is ARISE. It enriches the sanctuary that is TRADE SECRETS...

Marcia Duvall
TRADE SECRETS
Washington, DC

God bless you at the first anniversary of the fruition of your vision ... to provide a quality contribution to the sustenance of positive messages to and from same gender loving African Americans. Where God guides God provides.

Rev. Yvette Flunder
City of Refuge
San Francisco, CA

Thank you ARISE for providing a vehicle of beauty, pride and strength, qualities that are prevalent within our diverse communities. Continue to grow to new heights and success.

Much Love,

George Bellinger, Jr.
Brooklyn, NY

Wassup men,

I would like to thank you, the writers, editors and behind the scenes assistants, for a great magazine. [You] have enlightened, empowered and set an example of what a magazine should be about through the love you can feel in each page.

I love you. Continue to ARISE to new levels, there is a world still waiting to be reached.

Sincerely,

James Saunders
Umen Entertainment Network
www.umenent.com
www.blackpridenyc.com
js@winterexplosion.com

ARISE has allowed a platform for our rich culture to celebrate our his/herstory and diversity [and taken on] the duty to pass on strength, courage and maturity to our consciousness.

Gregory D. Victorienne
Publisher
BUTI VOXX
Chicago, IL

I love ARISE.

Lynn Cothren
King Center
Atlanta, GA

Every now and then we hear the whispers of our ancestors reminding us that we have to keep on pushing in the midst of what may seem to be overwhelming adversity. This year many of us have had to endure challenges we never even fathomed, much less anticipated.

The truth is many of us are still grieving, healing and pushing past the pain of loss. But there is a common denominator in all of this. The solution to our success or our failure, our pain or our healing, our fear or our faith, lies in our willingness to reach out to each other. Our traditions and culture call us to move beyond our comfort zones as never before, and to open our hearts and our homes.

In an interview with photographer Matthew Jordan Smith, he reminds us once more of what it means to dream and to hold out for the fruition of a vision. Images of Jesse Jackson, Pernessa Seele and Sandra McDonald, all part of a masterful exhibit entitled "Heroes in the Struggle," bring to bear that when we stand up for what we believe, not only are we transformed, but the world is changed as well.

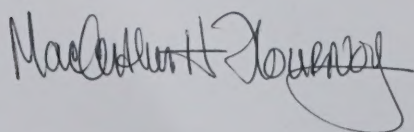
More than a year ago we dreamt of a distinct publication that would encourage diverse people of African descent to get up, rise up, do something profoundly important—to ARISE and pursue their dreams. Twelve issues later we are even more committed to the vision of challenging the mind, encouraging the spirit and affirming the value of diverse people of African descent.

We are learning that the miracle of a dream is not so much attaining the dream, as much as it is the lessons one learns along the way, in pursuing the dream. And so it has been with ARISE.

In the next twelve months our aim will be to build on the foundation that is ARISE. Our goals are high. Our vision is vast. And so we step into year two with appreciation for your support, enthusiasm for what lies ahead, and the abiding knowledge that above all else, we are a people called to ARISE.

From our hearts to yours,

MacArthur H. Flournoy
Publisher



Glenn Alexander
Publisher

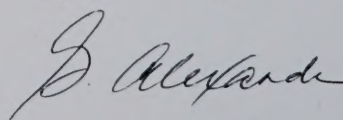
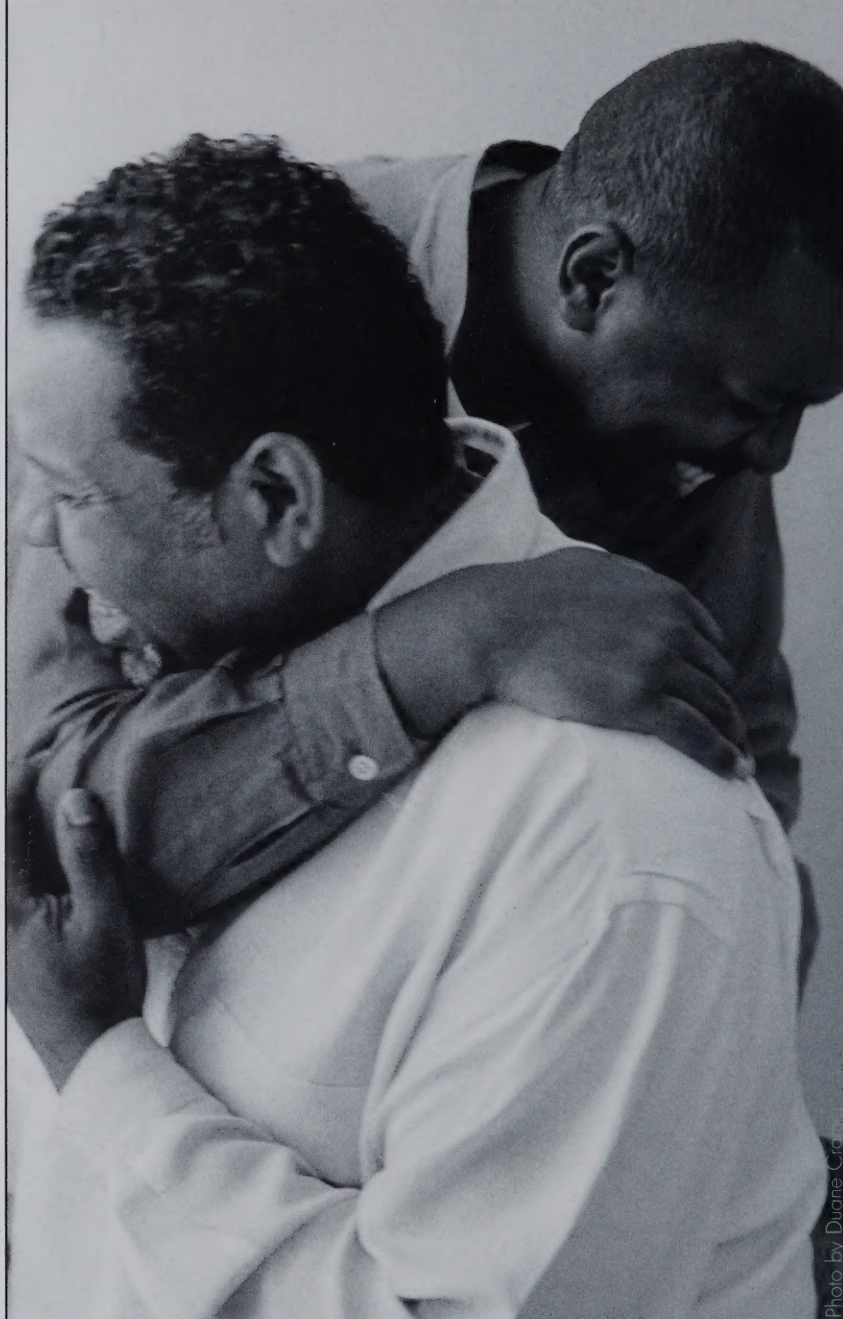



Photo by Duane C. Carter

PUBLISHERS' LETTER

BY MACARTHUR H. FLOURNOY & GLENN ALEXANDER

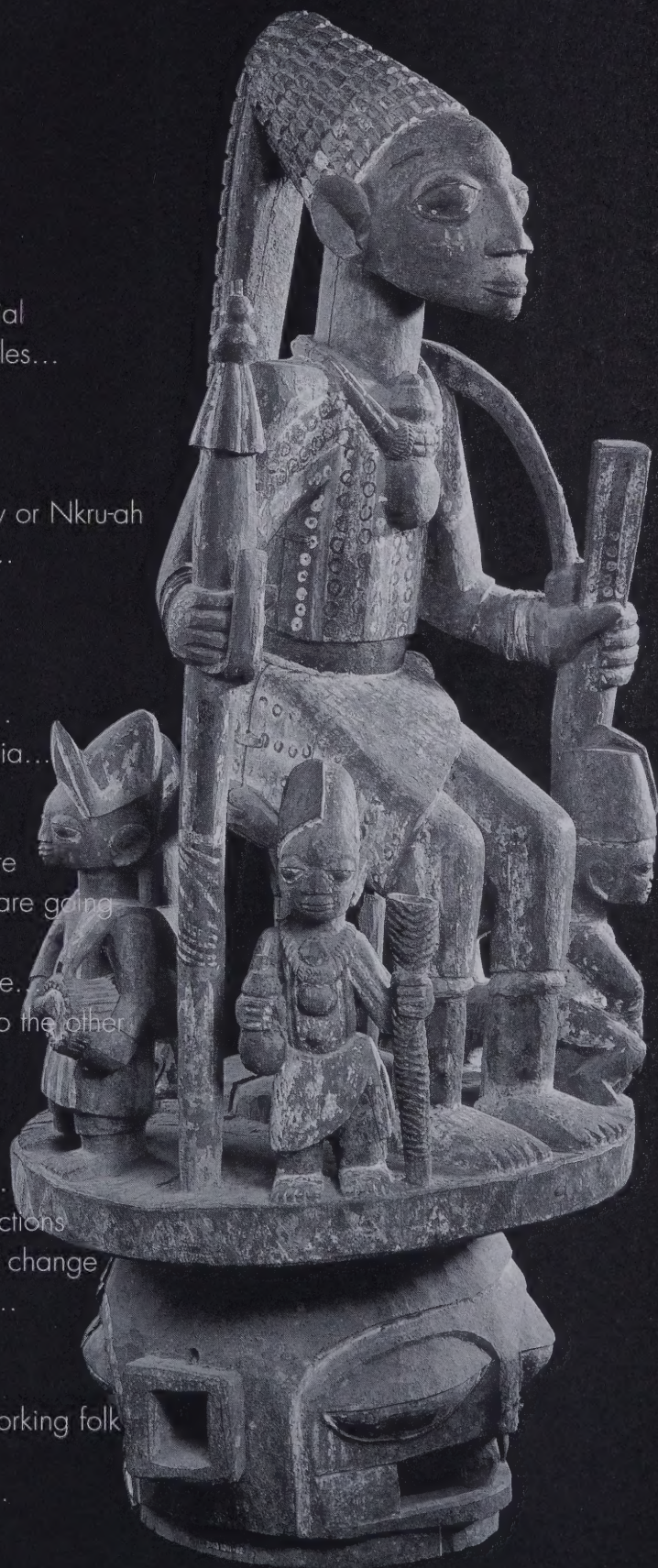
LIBATION TO THE ELDERS

ONLY IN THIS WAY

MARGARET GOSS BURROUGHS

Not by way out hairdos, bulbous Afro blowouts and certainly
 Not by obstreperous natural, kinky, curly or straight, not by hair...
 Not by beards or whiskers, scraggy or verdant...
 Not by dark glasses or frozen facial postures, not by the superficial
 Not by dirty jeans with patches sewed on where there are no holes...
 Not by wearing Che khaki, Mao suits or Nehru jackets...
 Neither by assuming Huey's or Bobbie's stance
 Not by repeating Malcolm's or Martin's words...
 Not by parading as original concepts from Fanon, Marx, Garvey or Nkru-ah
 Not by claiming the status of workers or disdaining honest labor...
 Not by blaming the honkie as the cause of it all...
 Not by placing the blame on the victim for abject condition...
 Not by the adulation of material things...
 Not by making such acquisitions thereof your sole life's ambition...
 Not by maiming your body and minds through forays into euphoria...
 Not by any of those things...

Only by starting with self, by knowing and accepting who you are
 And what you are and where you've come from and where you are going
 And charting a course of how you are going to get there...
 Only by education and learning for yourself and the whole people...
 Only by each one teaching one, by passing understanding one to the other
 From person to person and from peoples to peoples...
 Only by recognition of your singular position...
 By being aware of the existence of the two great antagonisms
 And the reality of the historic and eternal struggle between them...
 Only by doing your share ... in exposing the failure and contradictions
 Only by serious and concentrated study of the dynamics of social change
 And of the experiences and philosophies of the architects thereof...
 By becoming convinced that there is one way to liberation
 Only by working hard, quietly and persistently can this order
 Be altered, changed and turned about completely in interest of working folk
 Only in this way lay the ground work for the change to come...
 For the future ... for your century.



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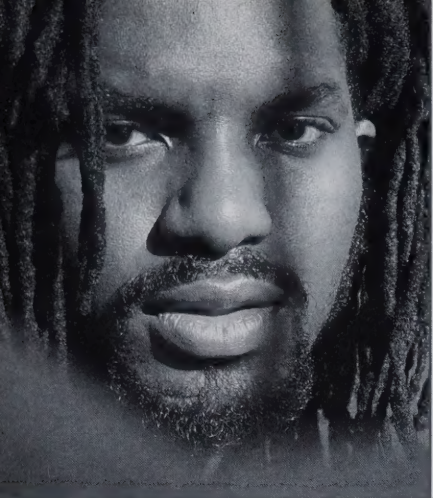


COVER:

Rose Petals

Photo by:
Matthew
Jordan
Smith



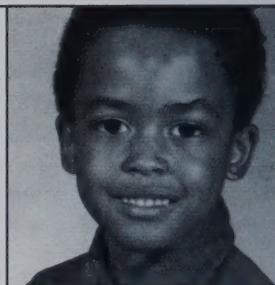


Leroy Whitfield is among the nation's top journalists writing about AIDS, particularly among African Americans. A contributing editor at *POZ* magazine, Whitfield has also written for *VIBE*, the *New York Daily News* and *Chicago Tribune*. A native of Chicago, he was diagnosed with HIV in 1990 and has written on the topic for nearly as long. He now lives in New York City and is writing a book about rapper Eazy-E, who died of AIDS in 1995.

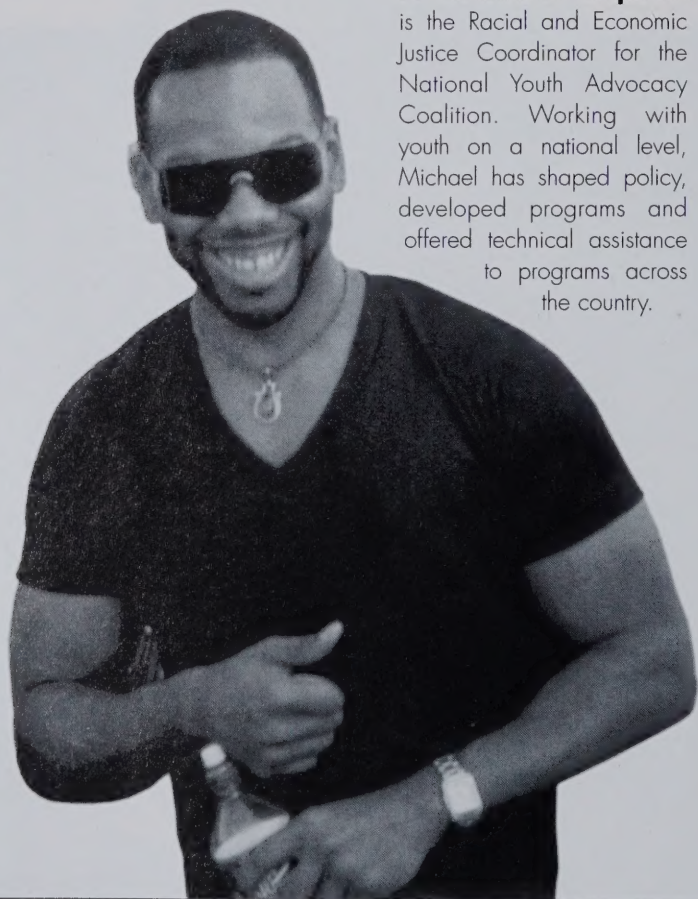


CONTRIBUTORS

Joshua Pope is a Philadelphia based photographer and creative director of Blackeye, a visual communications collective. In his spare time he shoots for nappysunflower.com, a fashion and style site for people of color. With clients such as *ARISE Magazine*, *BET* and *Tribune* magazine the future seems ever brighter.

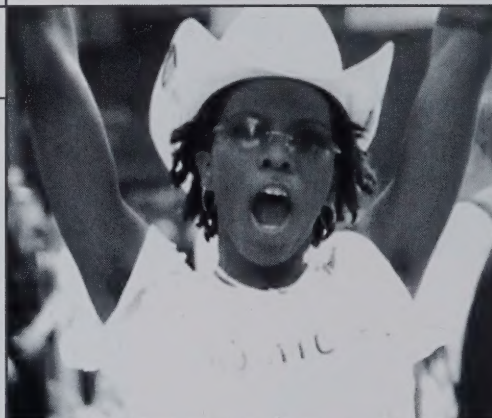


ARISE FEED THE POWER



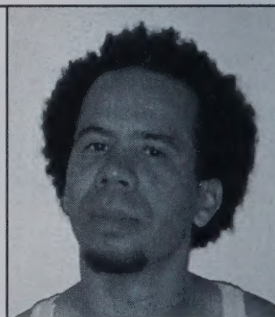
L. Michael Gipson

is the Racial and Economic Justice Coordinator for the National Youth Advocacy Coalition. Working with youth on a national level, Michael has shaped policy, developed programs and offered technical assistance to programs across the country.



Shante T. Smalls is a writer, musician and organizer. By day she works for social justice and global freedom. By night, she spreads harmony, forms community and honors the gifts from the Creator. She's your typical Libran-Boho-Brooklynite-down-for-the-struggle-type sistah. She sometimes pens stuff under the nom de plume, Black Adder.

Steven G. Fullwood is a writer and the project director of the Black Gay and Lesbian Archive in New York City. He has contributed to a variety of publications including *Africana.com*, *MOSAEC.com*, *Blacklight Online*, *The Blackstripe*, and *Clikque*, among others.



Akilah Monifa is a consulting editor and writer for *AlterNet* magazine at *AlterNet.org*. She is also a contributing columnist to *Progressive Media Project*; *The Black World Today*, *Black Women Today* website; and *Pacific News Service*. Her radio commentary is broadcast on *Black World Radio Network*. She is a former columnist for *New York Times Syndicate New America News Service* and *Full Court Press: The Women's Basketball Journal* and former editor for *Barnes and Noble.com*. Her commentary articles have been published in more than one hundred newspapers and online journals including the *Miami Herald*, the *San Francisco Examiner and Chronicle* and the *Chicago Tribune*.



Tim'm West is a poet, scholar, artist and activist living in Oakland, California. He has just finished a memoir *Red Dirt Revival* that follows his rite of passage into manhood. *Red Dirt Revival* will be published this winter.

WE ARE NOT THE WORLD

by Akilah Monifa

DECEMBER 1 IS WORLD AIDS DAY

Though new HIV infections and AIDS-related deaths have been reduced in some segments of the U.S. population, the epidemic is far from over..

In the United States, the death rate from AIDS dropped twenty-one percent from 1997 to 1998. But for many, AIDS is still a terrifying and painful reality. AIDS continues to be the number one cause of death for African Americans between the ages of twenty-five and forty-four. It's the second leading cause of death for Latino men in that same age group. And although African Americans comprise only thirteen percent of the U.S. population, we account for forty-seven percent of all HIV/AIDS cases. More women are also contracting the disease.

In the developing world, the disease is out of control. Every day, 5,500 people die of AIDS, according to the National Minority AIDS Council. Ninety percent of HIV-infected people live in South and Southeast Asia, sub-Saharan Africa and Latin America.

According to the U.N. AIDS program, 1,500 people are believed to be infected every single day in South Africa alone. Nearly twenty-two percent of the sexually active population of that country is estimated to be HIV positive.

In the United States, some AIDS patients have benefited from the development of drugs, like protease inhibitors, which enable them to have much longer lives. But communities of color both in the United States and worldwide are not reaping the benefits of these medical advances because of the high costs.

"We do not live in a cocoon. We cannot ignore the vast majority of the folks affected by this epidemic just because they are not in the United States. And we cannot ignore those in our own society who are still succumbing to the disease."

We do not live in a cocoon. We cannot ignore the vast majority of the folks affected by this epidemic just because they are not in the United States. And we cannot ignore those in our own society who are still succumbing to the disease. We must pull our heads out of the sand. As the Rev. Jesse Jackson says, "As sure as people travel and the wind blows, none of us are safe until all of us are safe."

AIDS drugs should be made affordable to anyone who needs them. We must fund education programs to help prevent the spread of the AIDS. We must also examine how and where AIDS research money is spent.

We cannot and will not be able to isolate ourselves from the rest of the world. The silence of ignorance, lack of medicine and needless early death must end.



Introducing

TRIZIVIR[®]
abacavir sulfate + lamivudine + zidovudine
300 mg 150 mg 300 mg
O N E T A B L E T T W I C E A D A Y

TRIZIVIR is for adults and adolescents who weigh 88 pounds or more. TRIZIVIR does not cure HIV infection/AIDS or prevent passing HIV to others. At this time, it's not known whether taking TRIZIVIR will slow the progress of HIV disease or help you live longer.

Important Safety Information

TRIZIVIR contains abacavir, which is also called ZIAGEN. About 1 in 20 patients (5%) who take abacavir (as TRIZIVIR or ZIAGEN) will have a **serious allergic reaction** (hypersensitivity reaction) that **may cause death if the drug is not stopped right away.**

You may be having this reaction if:

(1) you get a skin rash, or

(2) you get 1 or more symptoms from at least 2 of the following groups:

- Fever
- Extreme tiredness, achiness, generally ill feeling
- Nausea, vomiting, diarrhea, abdominal (stomach area) pain
- Sore throat, shortness of breath, cough

If you think you may be having a reaction, **STOP taking TRIZIVIR and call your doctor right away.**

If you stop treatment with TRIZIVIR because of this serious reaction, **NEVER take abacavir (as TRIZIVIR or ZIAGEN) again.** If you take any of these medicines again after you have had this serious reaction, **you could die within hours.**

NEW for HIV



1 tablet



2 times a day



3 medicines

3 HIV medicines in 1 tablet

- One tablet, two times a day, with or without food
- TRIZIVIR contains ZIAGEN® (abacavir sulfate 300 mg), EPIVIR® (lamivudine 150 mg), and RETROVIR® (zidovudine 300 mg) in a single tablet

3-in-1 therapy

Talk to your healthcare professional about whether TRIZIVIR may be right for you. For more information, call 1-888-825-5249.

Some patients who have stopped taking abacavir (as TRIZIVIR or ZIAGEN) and who have then started taking abacavir again have had serious or life-threatening allergic (hypersensitivity) reactions. If you must stop treatment with TRIZIVIR for reasons other than symptoms of hypersensitivity, do not begin taking it again without talking to your healthcare provider. If your healthcare provider decides that you may begin taking abacavir (as TRIZIVIR or ZIAGEN) again, you should do so only in a setting with other people to get access to a doctor, if needed.

A written list of these symptoms is on the Warning Card your pharmacist gives you. Carry this Warning Card with you.

Make sure to see your doctor regularly because serious side effects can occur, such as muscle damage and a decrease in red and/or white blood cells, especially in patients with advanced HIV disease or AIDS.

A buildup of lactic acid and severe liver problems, including fatal cases, have been reported with HIV drugs of this type, including the medicines in TRIZIVIR and other antiretrovirals.

The most common side effects of taking the medicines in TRIZIVIR together are nausea, vomiting, diarrhea, loss of appetite, weakness or tiredness, headache, dizziness, pain or tingling of the hands or feet, and muscle and joint pain. Most of these side effects were mild to moderate and did not cause people to stop taking these medicines.¹

Reference: 1. Data on file, GlaxoSmithKline.

Please see important information for TRIZIVIR on adjacent page.

www.TRIZIVIR.com



MEDICATION GUIDE

TRIZIVIR® (TRY-zih-veer) Tablets

Generic name: abacavir sulfate, lamivudine, and zidovudine

Read the Medication Guide you get each time you fill your prescription for Trizivir. There may be new information since you filled your last prescription.

What is the most important information I should know about Trizivir?

Trizivir contains abacavir, which is also called Ziagen®. About 1 in 20 patients (5%) who take abacavir (as Trizivir or Ziagen) will have a **serious allergic reaction** (hypersensitivity reaction) that **may cause death if the drug is not stopped right away**.

You may be having this reaction if:

- (1) **you get a skin rash, or**
- (2) **you get 1 or more symptoms from at least 2 of the following groups:**

- Fever
- Nausea, vomiting, diarrhea, abdominal (stomach area) pain
- Extreme tiredness, achiness, generally ill feeling
- Sore throat, shortness of breath, cough

If you think you may be having a reaction, **STOP taking Trizivir and call your doctor right away**.

If you stop treatment with Trizivir because of this serious reaction, **NEVER take abacavir (as Trizivir or Ziagen) again**. If you take any of these medicines again after you have had this serious reaction, **you could die within hours**.

Some patients who have stopped taking abacavir (as Trizivir or Ziagen) and who have then started taking abacavir again have had serious or life-threatening allergic (hypersensitivity) reactions. If you must stop treatment with Trizivir for reasons other than symptoms of hypersensitivity, do not begin taking it again without talking to your health care provider. If your health care provider decides that you may begin taking abacavir (as Trizivir or Ziagen) again, you should do so only in a setting with other people to get access to a doctor if needed.

A written list of these symptoms is on the Warning Card your pharmacist gives you. Carry this Warning Card with you.

Trizivir can have other serious side effects. Be sure to read the section below entitled "What are the possible side effects of Trizivir?"

What is Trizivir?

Trizivir is a medicine used to treat HIV infection. Trizivir includes 3 medicines: Ziagen (abacavir), Epivir® (lamivudine or 3TC®), and Retrovir® (zidovudine, AZT, or ZDV).

All 3 of these medicines are called nucleoside analogue reverse transcriptase inhibitors (NRTIs). When used together, they help lower the amount of HIV in your blood. This helps to keep your immune system as healthy as possible so it can fight infection.

Different combinations of medicines are used to treat HIV infection. You and your doctor should discuss which combination of medicines is best for you.

Trizivir does not cure HIV infection or AIDS. Trizivir has not been studied long enough to know if it will help you live longer or have fewer of the medical problems that are associated with HIV infection or AIDS. Therefore, you must see your health care provider regularly.

Who should not take Trizivir?

Do not take Trizivir if you have ever had a serious allergic reaction (a hypersensitivity reaction) to any of the medicines that make up Trizivir, especially Ziagen (abacavir). If you have had such a reaction, return all of your unused Trizivir to your doctor or pharmacist.

Do not take Trizivir if you weigh less than 90 pounds.

How should I take Trizivir?

To help make sure that your anti-HIV therapy is as effective as possible, take your Trizivir exactly as your doctor prescribes it. Do not skip any doses.

The usual dosage is 1 tablet twice a day. You can take Trizivir with food or on an empty stomach.

If you miss a dose of Trizivir® (abacavir sulfate, lamivudine, and zidovudine), take the missed dose right away. Then, take the next dose at the usual scheduled time. Do not let your Trizivir run out. The amount of virus in your blood may increase if your anti-HIV drugs are stopped, even for a short time. Also, the virus in your body may become harder to treat.

What should I avoid while taking Trizivir?

Do not take Epivir, Retrovir, Combivir®, or Ziagen while taking Trizivir. These medicines are already in Trizivir.

Practice safe sex while using Trizivir. Do not use or share dirty needles. Trizivir does not reduce the risk of passing HIV to others through sexual contact or blood contamination.

Talk to your doctor if you are pregnant or if you become pregnant while taking Trizivir. Trizivir has not been studied in pregnant women. It is not known whether Trizivir will harm the unborn child.

Mothers with HIV should not breastfeed their babies because HIV is passed to the baby in breast milk. Also, Trizivir can be passed to babies in breast milk and could cause the child to have side effects.

What are the possible side effects of Trizivir?

Life-threatening allergic reaction. Trizivir contains abacavir, which is also called Ziagen. Abacavir has caused some people to have a life-threatening allergic reaction (hypersensitivity reaction) that can cause death. How to recognize a possible reaction and what to do are discussed in "What is the most important information I should know about Trizivir?" at the beginning of this Medication Guide.

Lactic acidosis and severe liver problems. The medicines in Trizivir can cause a serious condition called lactic acidosis and, in some cases, this condition can cause death. Nausea and tiredness that don't get better may be symptoms of lactic acidosis. Women are more likely than men to get this serious side effect.

Blood problems. Retrovir, one of the medicines in Trizivir, can cause serious blood cell problems. These include reduced numbers of white blood cells (neutropenia) and extremely reduced numbers of red blood cells (anemia). These blood cell problems are especially likely to happen in patients with advanced HIV disease or AIDS.

Your doctor should be checking your blood cell counts regularly while you are taking Trizivir. This is especially important if you have advanced HIV or AIDS. This is to make sure that any blood cell problems are found quickly.

Muscle weakness. Retrovir, one of the medicines in Trizivir, can cause muscle weakness. This can be a serious problem.

Other side effects. Trizivir can cause other side effects. The most common side effects of taking the medicines in Trizivir together are nausea, vomiting, diarrhea, loss of appetite, weakness or tiredness, headache, dizziness, pain or tingling of the hands or feet, and muscle and joint pain.

This listing of side effects is not complete. Your doctor or pharmacist can discuss with you a more complete list of side effects with Trizivir.

Ask a health care professional about any concerns about Trizivir. If you want more information, ask your doctor or pharmacist for the labeling for Trizivir that was written for health care professionals.

Do not use Trizivir for a condition for which it was not prescribed. Do not give Trizivir to other persons.

GlaxoWellcome

Glaxo Wellcome Inc.
Research Triangle Park, NC 27709

November 2000
MG-011

This Medication Guide has been approved by the US Food and Drug Administration.

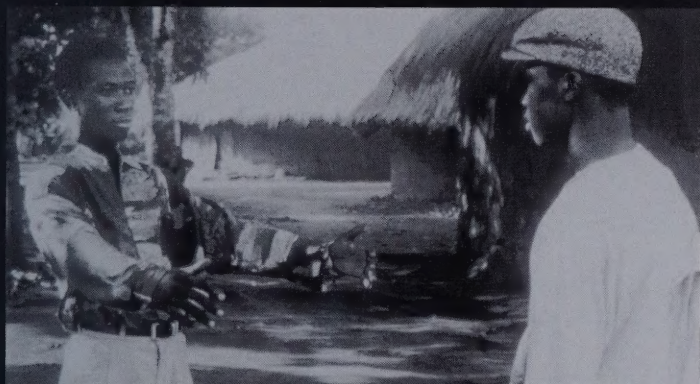
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TRZ022R0

May 2001

SAN FRANCISCO BLACK LGBT FILM FESTIVAL



ALL THE TIME, Sat., Dec. 1, 2001 @ 3pm



DAKAN, Sat., Dec. 2, 2001 @ 3:15pm

by David Greene

Truly a groundbreaking event, this is the first festival of its kind anywhere in the world. For three days, the festival will celebrate the diversity of the black LGBT community with thirty-two films and videos from the United States, Africa, Canada, Brazil and Cuba.

Sponsored by the Black Coalition on AIDS Man-2Man program, the festival's mission is to present film as an educational tool toward understanding black multi-sexual culture.

This cutting-edge celebration kicks off Friday, November 30, with a gala opening reception at 6:00 pm. The festival opens with a fifteen-minute short by Sheila Wise entitled *A Different Kind of Black Man*, which takes a powerful look at how successful black gay men perceive their sexuality, masculinity and roles within the black community. *Kiss and Say Goodbye* and *A Luv Tale* are also on the program.

World AIDS Day, December 1, highlights a special series of films about HIV/AIDS in the African-American community. Congresswoman and AIDS Activist Barbara Lee will be the honorary chairperson for all the World AIDS Day events.

The Naked Truth, produced by Black Entertainment Television and co-presented by the San Francisco Unified School District Health Services Department, provides a rare glimpse of what

young African-American males have to say about their own sexuality, shown against the backdrop of the HIV epidemic.

The haunting feature *Shouting Silent* explores the South African HIV/AIDS epidemic as seen through the eyes of director Xoliswa Sithole, an adult orphan who lost her mother to HIV/AIDS in 1996.

This will be the United States premiere of *DIVAS: Love Me Forever*, directed by Edimburgo Cabrera, a documentary about desire, fantasy, self acceptance and the search for love. The film follows six black female impersonators through Toronto's vibrant gay club scene as they search for home, love and family.

The festival will also be the world premiere of *Tantalize*, directed by Stephanie Wynne, which documents the experience of one woman's coming out. *Tantalize* explores the themes of lesbian desire, attraction, betrayal, trust and obsession.

ARISE Magazine takes great pleasure in being a media sponsor for this historically significant event. "This film festival is very much in keeping with the mission of ARISE, which is to challenge the mind, encourage the spirit and affirm the value of all diverse people of African descent. Our goal is to continue to be supportive of progressive, cutting-edge events," stated Glenn Alexander, COO of ARISE Communications.

For more information call 415-346-0199 or visit the film festival website at www.blacklgbtff.org.

U.S. BACKED SOUTH AFRICAN AIDS CLINIC SETS SIGHT ON BECOMING "THE PEOPLE'S HOPE"

December 1 marks the thirteenth observance of World AIDS Day, a day which serves to strengthen global efforts to address the challenges of the AIDS pandemic worldwide.

In the fight against AIDS, how do you help a country (South Africa, in particular) whose government doesn't want to be helped? A country which has one of the highest HIV rates in the world. Despite South Africa's relative wealth as a nation, few HIV-infected individuals receive adequate medical care and all but the very wealthy have little or no access to combined drug therapies.

For Los Angeles-based AIDS Healthcare Foundation (AHF), the largest HIV/AIDS medical provider in the United States, the answer was to open "Ithembalabantu" (the Zulu word for "the people's hope"), a free AIDS clinic intended to treat up to two hundred HIV-positive South Africans.

"As we observe World AIDS Day this December 1, we pause to honor the tireless work of organizations like NetCom and leaders such as Ugandan President Museveni," said AHF's President Weinstein. "It is they who truly are the people's hope in the fight against AIDS."

Ithembalabantu—a partnership between AIDS Healthcare Foundation's Global Immunity program and the Network of AIDS Communities of South Africa (NetCom, SA)—opened in Durban, South Africa, in August 2001, with a dedication ceremony attended by United States Congresswoman **Diane Watson** (D, Los Angeles), **P.L.M.H. Mtshali**, the Premier of KwaZulu-Natal (KZN), the province where the clinic is located, **Nomaswazi Mlaba**, executive director for NetCom, SA, AHF president **Michael Weinstein** and hundreds of concerned South Africans.

It all started back in July 2000, during the International AIDS Conference in Durban, South Africa. AHF President Michael Weinstein forged a friendship with key South African AIDS advocates and activists. After seeing their compassion and commitment despite tremendous odds, Weinstein made a vow to bring a small group of them to the United States to meet with U.S. AIDS agencies to learn how to more effectively advocate for AIDS issues to their own government. From this friendship grew the alliance that led to Ithembalabantu.

South Africa has the highest HIV/AIDS rate on the African continent with an estimated 4.2 million of the country's people

SOUTH AFRICA AIDS FACTS:

1 out of every 10 people infected

200 HIV-positive infants born every day

1999: 1 death from AIDS every 10 minutes

2004 forecast: 1 death from AIDS every minute



Michael Weinstein, CEO, AIDS Healthcare Foundation, Ambassador Diane Watson and Congresswoman Barbara Lee

What we need are
mental and spiritual
giants who are aflame
with a purpose...
We're a race ready
for crusade, for
we've recognized that
we're a race on this
continent that can work
out its own salvation.

Nannie Burroughs
1883 - 1961



HEROES in THE STRUGGLE

Exhibit Honors Twenty

African-American AIDS Warriors

All too often we allow statements such as "What we need are real leaders like Martin or Malcolm or Shirley," to go unchallenged. The inference is that black America lacks leadership and that in fact, if there were but one single charismatic, passionate leader, we could be shown our way out of the abyss into the promised land. But we know that the truth of the matter is that we have many leaders in our midst. ARISE takes great pleasure in publishing images by world-renowned photographers Kwaku Alston, Matthew Jordan Smith, Barron Claiborne, Darien Davis, Greg McNeal and Jim Dennis. The individuals captured in these photos are more than leaders. They are even more than the average citizen willing to take a stand for something that they care about deeply. They are: **"Heroes in the Struggle."**



On World AIDS Day, December 1, 2001, AAAPT (African-American AIDS Policy and Training Institute) will launch the **Heroes in the Struggle** exhibit—a photographic tribute to twenty African Americans who

have made outstanding contributions to the fight against HIV/AIDS. The honorees have changed the way we deal with this epidemic in arenas ranging from politics to medicine. Including Hollywood celebrities and grassroots activists, community organizers and elected officials, the men and women we honor have led us through the epidemic with willing sacrifice and keen vision.

The exhibit will debut in Los Angeles, California, and then travel throughout the next year to black museums, historically black colleges and universities, and other similar venues around the country.

No matter how we divide it up—locally, nationally or globally—this epidemic is disproportionately devastating people of African descent. While the mainstream media gushes about decreasing AIDS death rates and slowing rates of HIV infection, trends for the African-American community are moving in the opposite direction. Between 1994 and 1997 almost sixty percent of new HIV infections were among black people, and over sixty percent of those among youth were African Americans. Meanwhile, the disease has already captured over thirty-three million people in sub-Saharan Africa—that's almost seventy percent of the global total.

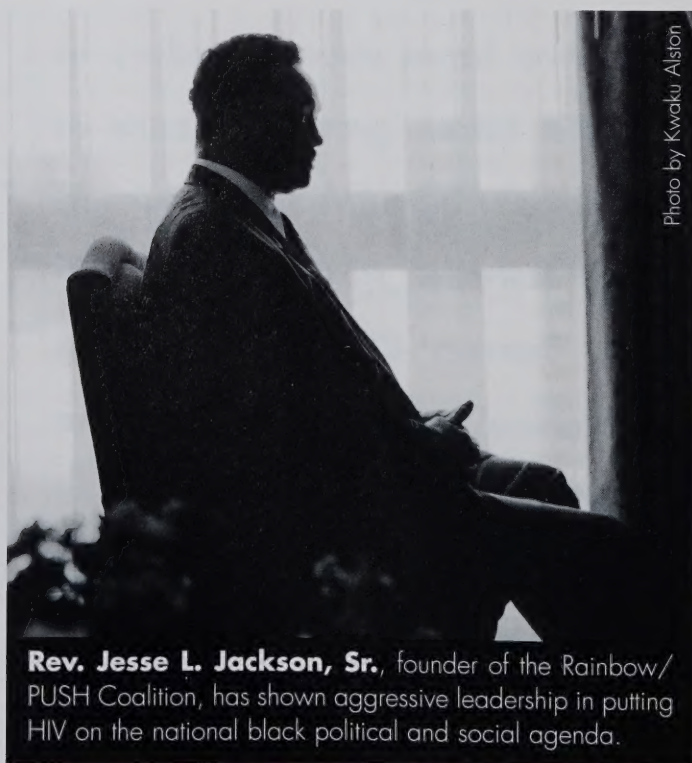


Photo by Kwaku Alston

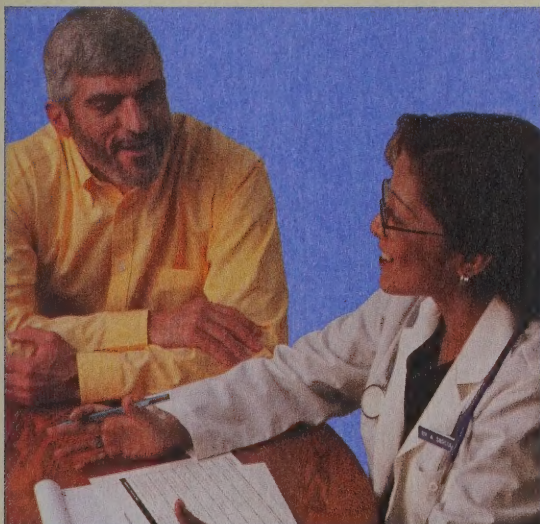
Rev. Jesse L. Jackson, Sr., founder of the Rainbow/PUSH Coalition, has shown aggressive leadership in putting HIV on the national black political and social agenda.

Sheryl Lee Ralph, acclaimed actor, singer and producer, currently starring in the television series *Moesha*, founded Divas Simply Singing, the annual Hollywood benefit for AIDS organizations.



Photo by Kwaku Alston

If you're HIV positive and considering starting or switching drug therapy— Ask yourself these questions...



Then, share your answers with your healthcare provider. Together, you can come up with an HIV treatment plan that really works for you.

Options are currently available that make today's HIV regimens easier to take.

It's important to have a treatment plan that works for you because:

- Skipping even a few doses of HIV meds can make HIV in your body “resistant” to the medications. That means your meds may not work as well.
- Skipping doses of HIV meds puts you at risk for getting sick.

YOUR DAY

Your answers to the questions below will help your healthcare team know what a typical day — and night — are like for you. The team can then suggest HIV meds that are right for you and will fit into your schedule as best as possible.

My day-to-day schedule is:

- ☐ The same every day
- ☐ Different on weekends
- ☐ Different on the days I go to work or school
- ☐ Never the same

Check off the meals you usually eat and write in the approximate time you eat.

- ☐ Breakfast
time: _____ o'clock in the morning
- ☐ Lunch
time: _____ o'clock in the afternoon
- ☐ Dinner
time: _____ o'clock in the evening
- ☐ I eat my meals at all different times from one day to the next.

If necessary, I am willing to take HIV meds:

- ☐ Once a day
- ☐ 2 times a day
- ☐ 3 to 4 times a day
- ☐ More than 4 times a day

If necessary, I am willing to take:

- ☐ Only 1 pill at a time
- ☐ 2 to 3 pills at a time
- ☐ 4 to 5 pills at a time
- ☐ More than 5 pills at a time

The best times for me to take medications are: (Check all the times that would be best.)

- ☐ When I first wake up
- ☐ When I eat breakfast
- ☐ When I eat lunch
- ☐ When I get home from work or school
- ☐ When I eat dinner
- ☐ Right before I go to sleep

Write any other times that are best for taking meds:

Some HIV meds need to be taken on an “empty stomach.” That means you take the med 1 hour before or 2 hours after you eat. Do you think such a med would be...? (check one)

- ☐ Easy to remember to take
- ☐ Hard to remember to take at the right time

YOU AND HIV MEDICATIONS

Some people have concerns about taking HIV meds. Check the concerns you have below. You can talk with your healthcare team about your concerns before starting treatment.

- ☐ I am afraid I'll forget to take my pills at the right time.
- ☐ I think it would be hard for me to remember to take my meds with food if required.
- ☐ I don't like to take a lot of pills.
- ☐ It's hard for me to swallow pills.
- ☐ I'm afraid if people see me taking a lot of pills they will know I have HIV.
- ☐ I am worried that my HIV pills may cause problems with other things I am taking.
- ☐ I am afraid the HIV meds won't work for me.
- ☐ I am afraid the pills will make me feel sick.
- ☐ If I forget to take some of my pills, I'm worried the meds will stop working.

Write any other concerns here:

Write down how your healthcare team could help you take your HIV meds the right way, every day:

HIV MEDICATIONS AND SIDE EFFECTS

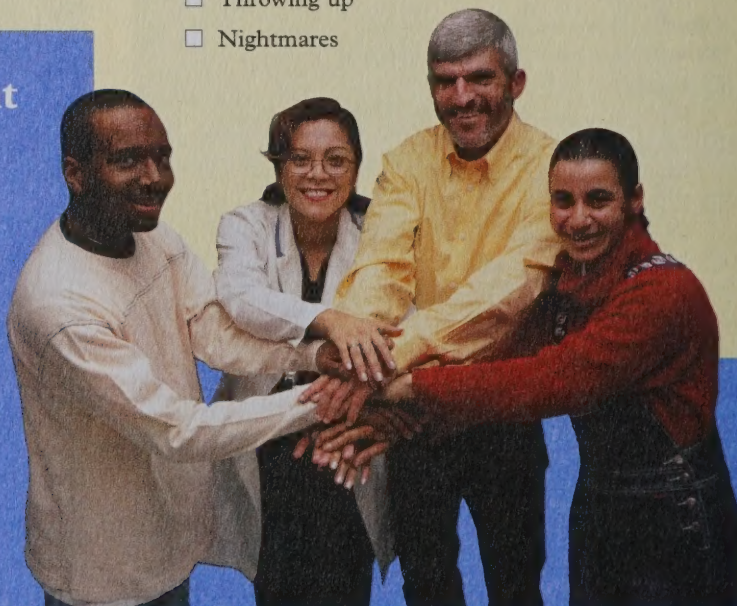
HIV meds may cause side effects. Below is a list of common side effects of HIV meds. Think of how you might feel if you got any of these. When possible, your healthcare team can try to choose HIV meds that may be easier for you to get used to.

I'd like to talk about the following side effects and how to deal with any I might get:

- | | | |
|---|---|---|
| ☐ Rash | ☐ Fatigue or feeling tired | ☐ Having my hands or feet feel like they're asleep, tingling, or with prickly pain |
| ☐ Diarrhea | ☐ Headache | ☐ Feeling like I have to throw up |
| ☐ Loss of appetite | ☐ Stomachache | ☐ Throwing up |
| | | ☐ Nightmares |

Also, if you are on a current HIV regimen that...

Has too many pills,
Is taken more than twice a day,
Has to be scheduled around meals,
Is causing you problems,
Then ask your healthcare provider about available HIV therapies that may be able to simplify your life.



Dr. Beny Primm, president of the Urban Resources Institute and founder of Brooklyn, New York's, Addiction Resource and Treatment Corporation. He is a pioneer in the treatment of drug addiction and in addressing its overlap with HIV in the black community.

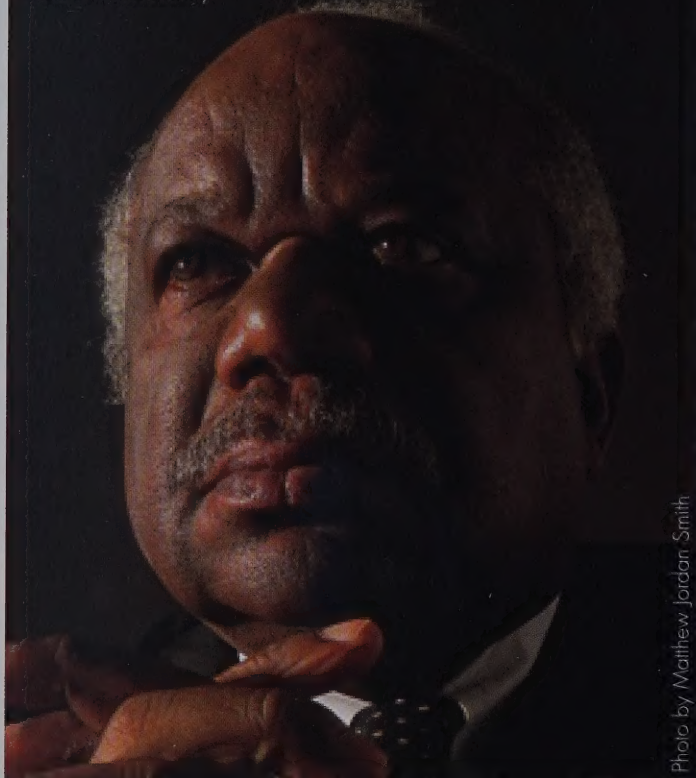


Photo by Matthew Jordan Smith



Photo by Matthew Jordan Smith

Fredette D. West, founder of FD West Network Associates and former health aide to Rep. Lois Stokes of Ohio, then-chair of the Congressional Black Caucus health care committee.



Photo by Matthew Jordan Smith

George Bellinger, Jr., New York City-based AIDS activist who has led efforts to provide services for and advocate on the behalf of gay men of color.

The solutions to ending this plague will be found within our own communities. To discover them, we must arm everyone with information and empower them with the will to use it. **Heroes in the Struggle** will take us one more step in that direction.

Paris Barclay, (pictured on page 1) producer and Emmy Award winning television and film director whose credits include *NYPD Blue*, *The West Wing*, and *ER*. He has not only confronted HIV/AIDS in his work but has also donated his talents through fundraising and activism. He is a member of the board of governors for Project Angel Food in Los Angeles, California, which has delivered almost three million meals to people living with HIV/AIDS.

Pernessa Seele, founder of the groundbreaking organization Balm in Gilead, which works with the Black Church to develop ways to confront the epidemic.



Dr. Helene Gayle, as director of the U.S. Centers for Disease Control and Prevention's HIV/STD/TB bureau she has pushed the federal government forward in targeting black communities with prevention and treatment initiatives.





Archbishop Carl Bean, founder of Minority AIDS Project in Los Angeles, California, and the Unity Fellowship Church movement.



Photo by Kwaku Alston



Photo by Matthew Jordan Smith

Sandra S. McDonald, founder of Outreach Inc., the largest minority-run AIDS organization in the southeast United States and one of the largest in the country.

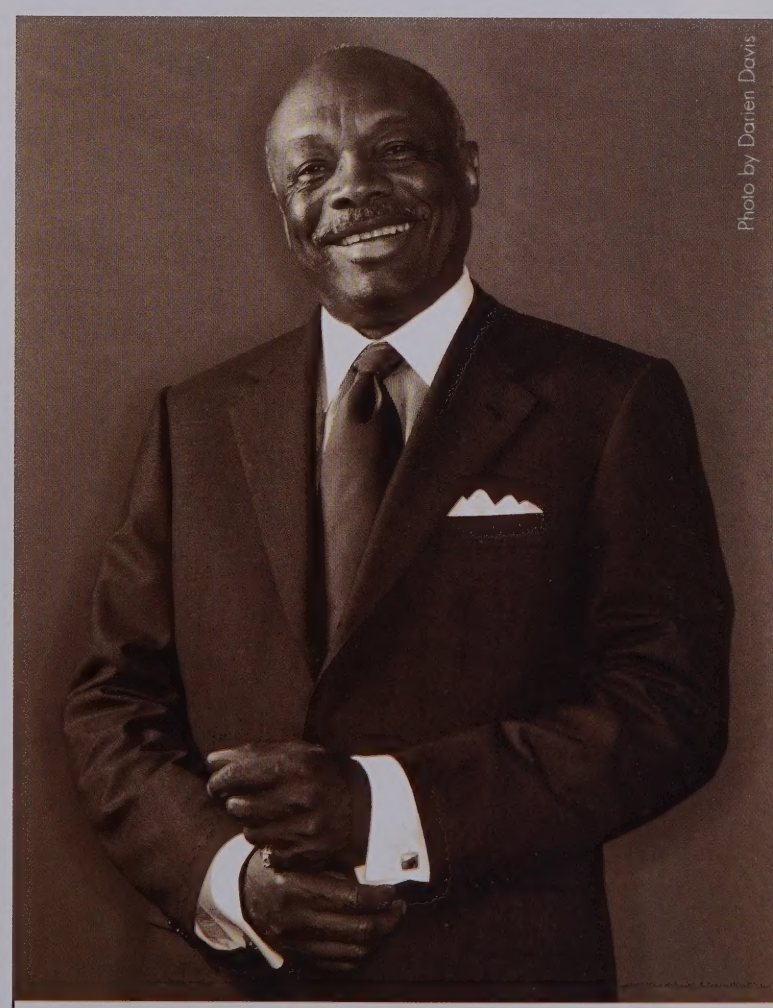


Photo by Darlene Davis

Mayor Willie Brown, as mayor of San Francisco, California, since 1996, has shown model leadership in fighting HIV/AIDS.



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the harlem
RENAISSANCE

Model: Basimah

Make-up and styling: Indigo Melendez

Photography: Joshua Black

Location: Lennox Lounge, Harlem, NY









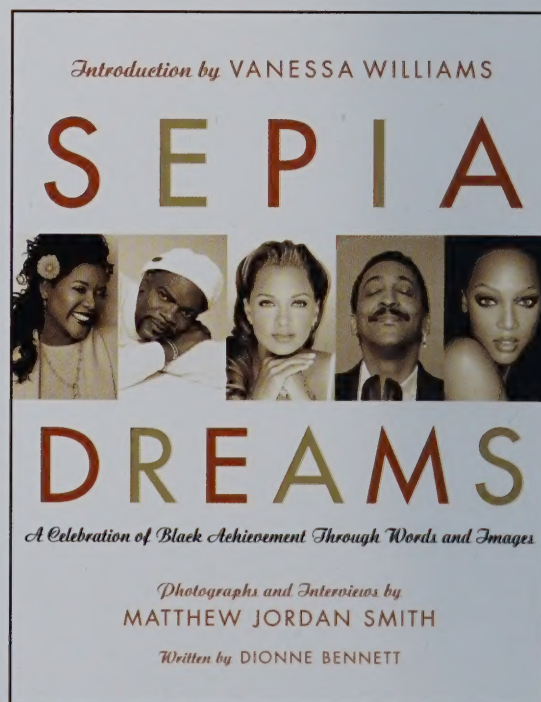
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SEPIA DREAMS

A CONVERSATION WITH MATTHEW JORDAN SMITH

by MacArthur H. Flournoy

The paradox of Matthew Jordan Smith is that fame, wealth and access to virtually every black celebrity seen photographed across covers of the country's leading magazines have not altered his gentle, open heart. When viewing the work of this masterful photographer (which includes such celebrities as Oprah Winfrey, Samuel L. Jackson, Michael Jordan, Vanessa Williams and Quincy Jones), the expectation is that this is one artist who is extremely difficult to work with—how else could he achieve such creative excellence?



All photos by Matthew Jordan Smith



Matthew Jordan Smith, it would seem, has mastered his own sense of self—before attempting to capture on film the luscious images that fill his lens. In speaking with this humble brother it is clear that he is one artist who understands the meaning of journey, patience, kindness and humility. Some call it just good ole home training. Still, Matthew Jordan Smith is looking beyond the horizon and permitting himself to have visions, creative thoughts, and dreams.

But not just any dreams—what else could they be but *Sepia Dreams*. This groundbreaking book captures fifty of America's most beautiful black celebrities and offers their words of wisdom. In this interview with *ARISE*, Matthew shares his thoughts and ideas on the value of family, the blessings of patience and the unrelenting power that perseverance can have in achieving one's own dream.

ARISE Magazine takes great pleasure in presenting the art and the artistic voice of Matthew Jordan Smith.

ARISE

Could you begin by telling me what made you decide to pursue photography?

MJS

It first started off being a hobby of mine. My father introduced me to photography—getting my first camera, teaching me how to process film, and turning a room in our house into a darkroom. From that point on I was hooked and I went to art school and majored in photography. I had my first



epiphany at that point about being a photographer and making a living as a photographer.

ARISE

And how old were you at the time?

MJS

I was twelve when my father first introduced me to photography, but I guess the age of my epiphany was seventeen.

ARISE

How would you characterize your photography?

MJS

I used to say I was a fashion photographer then it evolved [from] the very beginning. I love making people look beautiful and I always will. That is my passion.

ARISE

It is clear that people enjoy working with you. What do you attribute that to?

MJS

I think that the number one thing is that I believe in making people comfortable. When I have them on a set or in my environment I'm trying to make them comfortable and I do that in a couple of ways. Number one by making myself familiar with the person inside and out, reading anything I can about them, bringing music that they like. If I'm shooting a woman I'll send flowers to the set so she has flowers there from me. I find out their favorite music, what they like to drink, make



anything around them comfortable so I can get them to relax and be almost familiar with me.

ARISE

When you think of tradition what comes to mind?

MJS

It's been a tradition for us to be strong in our families and our beliefs. I think that it's always been important and always will be important to be close to our families ... as one unit.

ARISE

In what particular ways do you celebrate your traditions and your culture?

MJS

Oh quite a few. I'm always going home to see my family.

ARISE

Where's home?

MJS

South Carolina. Going home to see them, staying in contact with my nephews and niece taking them out as often as possible. Just remembering what's important. Especially after September 11. We all know what's important in life and number one, it's love. I think ... everything else fades away, no matter what it is ... be it riches, whatever the case. The only thing that's everlasting in life is love. Love between our mates, love between our families. We have to keep that consistent and that's what's important at the end of the day.

ARISE

I would agree. You have perhaps photographed every dream celebrity that most folks I know would want to meet. How



would you characterize those experiences?

MJS

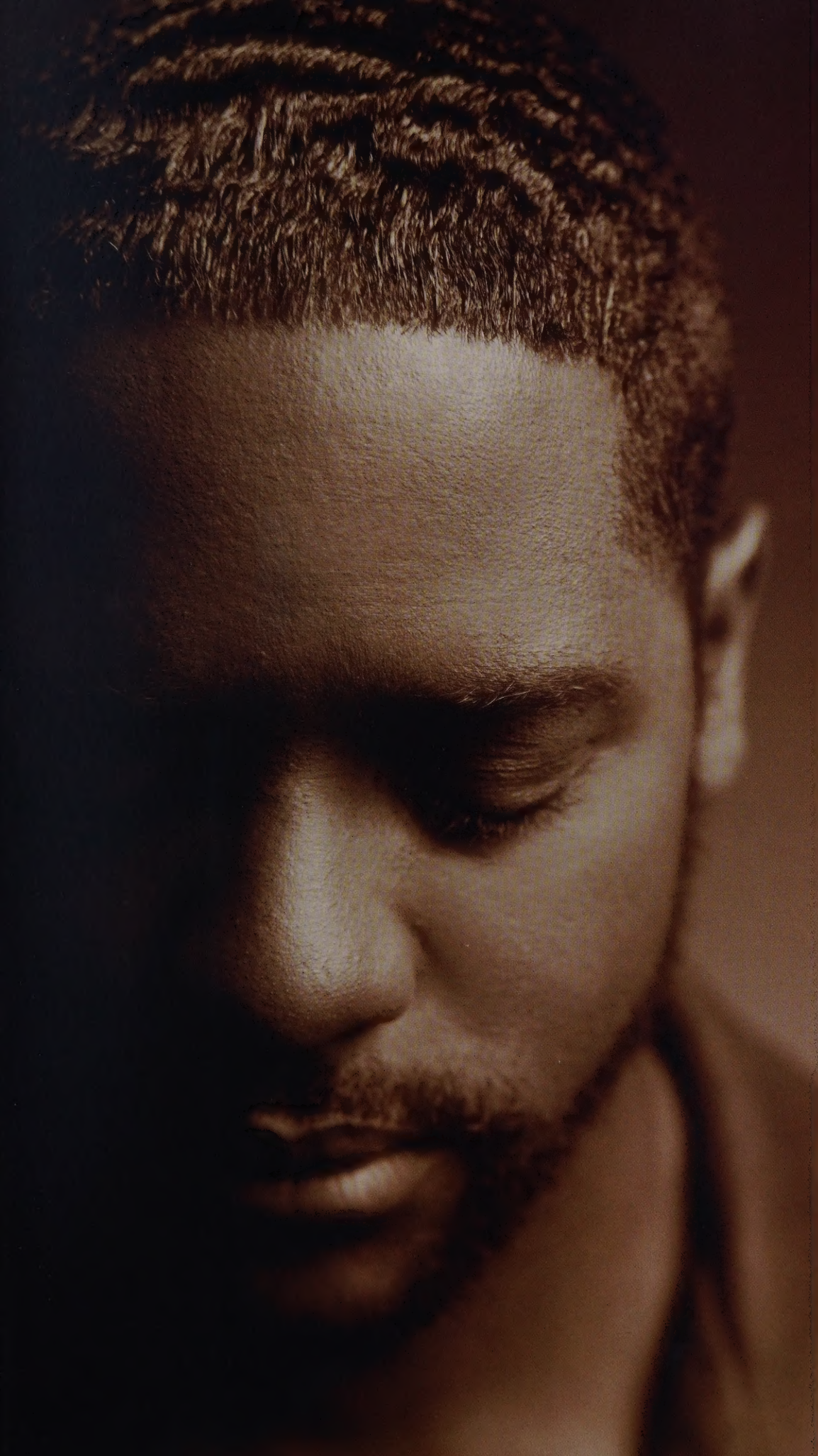
Oh, I've been blessed. I've been blessed from the very beginning of my career. You know, the first assignment I ever got came from *Essence* magazine. And I was commissioned to shoot Anita Hill at the height of her media attention. From that point on it's been a continuing evolution of shooting people whom I really admire. People who I grew up watching on T.V., from Lena Horne to Sam Jackson. It's all been a dream. Even with my current book *Sepia Dreams* it was just a blessing, not only to photograph all fifty of these people but also to interview them about things that are close to all of our hearts. Things like the American dream, making our dreams come true.

ARISE

Your new book *Sepia Dreams* is nothing less than gorgeous, but what is also compelling is that you took the time to actually get words of wisdom from the various celebrities. Are there any that stand out in your thinking?

MJS

Oh yes. As matter of fact all fifty stand out. But if I had to say ten off the top of my head I would say, oh my God, first and foremost Blair Underwood who talks about responsibility. Then ... people like Samuel L. Jackson who talks about endurance. Smokey Robinson who gets back to what I just said about being blessed. Here's a man who's done so much in his career but he talks about being blessed to be able to do what he's doing. One that also stands in my mind is Vivica Fox who talks about patience and how she had to be patient to get where she is now. Because there was a point when she had done her first show with



Patti LaBelle and afterwards she had nothing for years and was depressed about it for a while. Then people told her, her parents told her, her family told her, to be patient and to keep working on herself so when her opportunity came she would be prepared for it. And that's exactly what she did.

ARISE

I think people oftentimes look at accomplished individuals at their current level of success and believe it's always been that way. Can you talk a little bit about your journey from being that seventeen-year-old young man who thought about pursuing photography to the place where you are now?

MJS

Oh yes. Very much like Vivica Fox's story of being patient, there were many days when it was like, "Oh my God, am I doing the right thing?" I think starting out in any career we all have that period of doubt and I think that period of doubt is part of the process [in which] we are tested by the universe to find out if we really want it.... Probably a lot of people in our community who are doing things that are outside the norm, outside of being a doctor or a lawyer or whatever that conservative approach to a career is, were told by our family, by our peers, by our friends, "No you can't do this." For sure, I was told those same things, that [you] can't be a photographer, oh you can't do this, oh you can't do that. But in my heart I knew I could. And if you are really adamant about it ... if you are really passionate about what you want to do, nobody can talk you out of it and you will pursue it to the fullest.

ARISE

OK, so define for me or give me if you will your definition of success.

MJS

I think anybody's definition of success is always changing. And even for me it's different than it was five years or even a year ago. Success is doing what you love and making a living at it.

ARISE

Phill Wilson of the African-American AIDS Policy and Training Institute called your offices and asked if you would be willing to photograph celebrities who have waged the battle against AIDS in this country for the last twenty years. And he offered the big fat salary of pro bono ... and you agreed to do it. Why?

MJS

Because we have to always give back. We have to always help in any way we can. As a photographer I'd love to be able to do anything I can to help any project, especially the AIDS project. I mean we have to do whatever we can to educate, to inspire with whatever gift we have. My gift is photography. And this is my way of giving back. Working on this project has been a dream. My way of hopefully saying to the world, "Here, look at what we are, what we've come from, don't give up hope."

ARISE

And what lies ahead for you?

MJS

Hopefully, the whole universe. Definitely more books. I like to evolve. And also, directing. Eventually.

ARISE

I love it. So when you say directing, do you mean film, photography and art?

MJS

I think I'd start off doing things like commercials because I've always loved commercials. And evolve from that into a feature film career. I am the consummate movie buff.

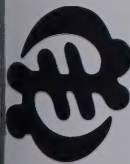
ARISE

So what inspires Matthew Jordan Smith?

MJS

I'm inspired each and every day by my surroundings, by my forefathers. By people like Gordon Parks who came at a time when it was really hard and he did *everything* and nothing got in his way. He wasn't scared. I'm inspired by that and also by people who come up from behind me. ☺



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ARISE MAGAZINE

FACES OF AIDS

Israel Wright — Photographer

by Leroy Whitfield

Israel Wright has a passion for photography. Nothing is ever going to change that. At eleven years old, after his gramps refused to buy him a camera, he saved hundreds of Bazooka Joe bubble gum wrappers to take advantage of a mail-order offer, and—cavities be damned!—chewed his way to owning his first thirty-five millimeter. Years later, at age twenty, when a factory accident forced him to have his left arm amputated, he learned to focus, point and shoot with just one limb.

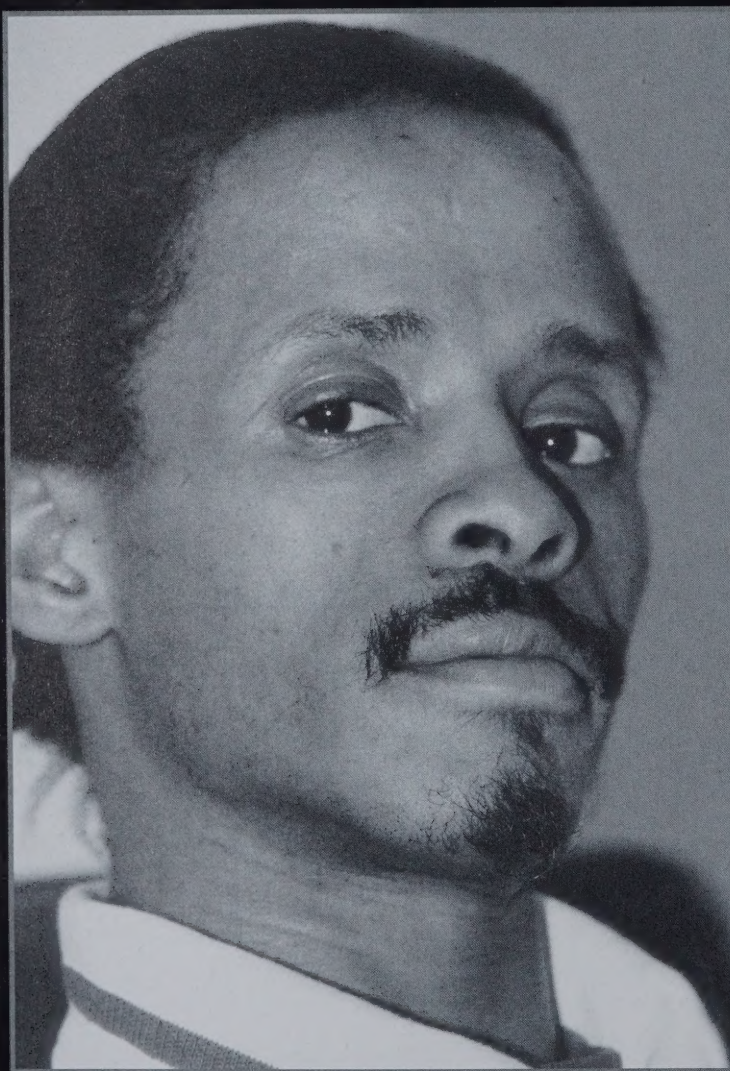


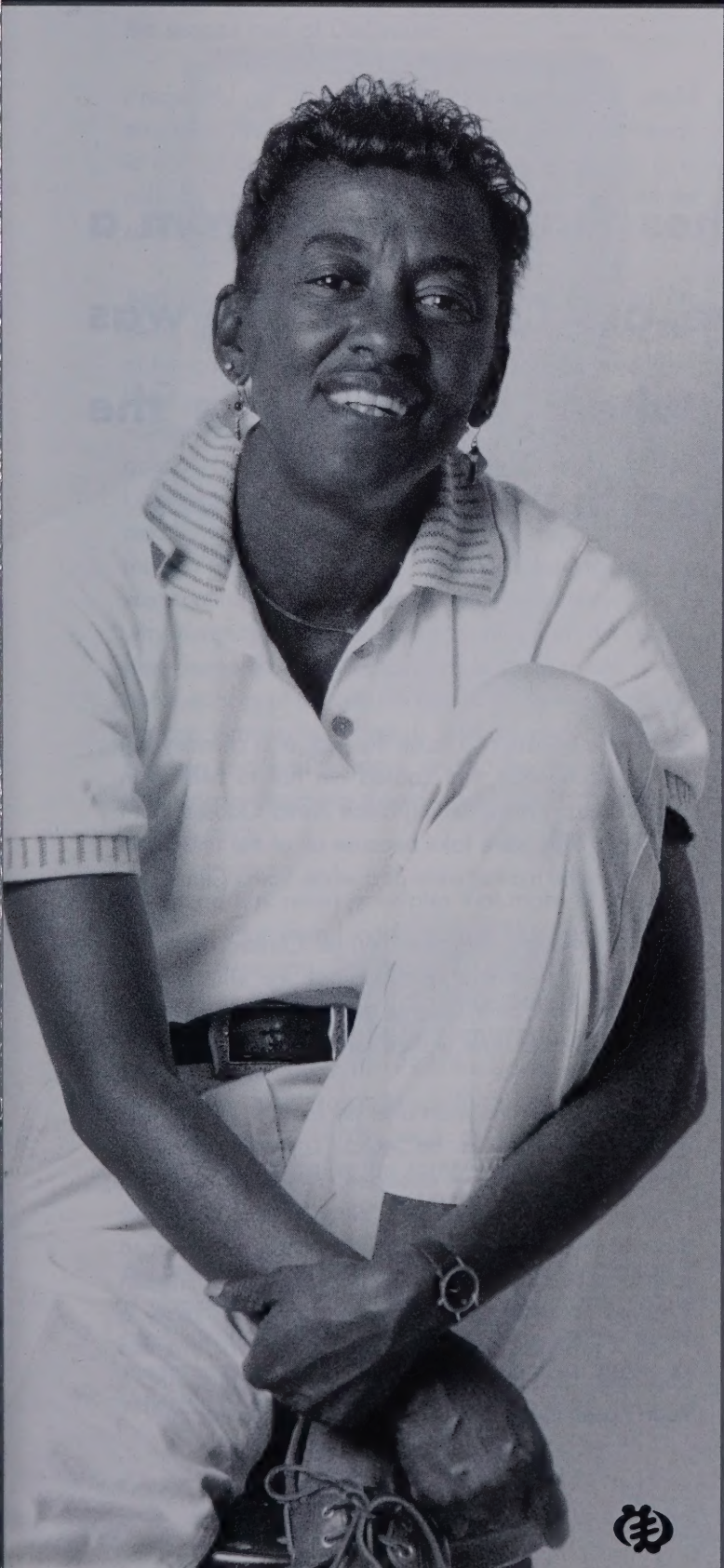
Now living on Chicago's North Side, Wright's photo studio is a long way from the small Ohio farming town where he was raised. In 1995, his work was published for the first time ever in *Blacklines*, a local black gay 'zine that helped him to achieve his citywide icon status. But it was his dedication to the art that got him noticed in 2000 by the Chicago Alliance of African-American Photographers, placed in a gallery show at Chicago's Museum of Contemporary Art, and featured in the pages of *VIBE* magazine.

What distinguishes Wright from the rest is his signature style. A street photographer at heart, his often crude portraits evoke a feeling of intimacy that pulls the viewer within an arm's length of his subjects. Here *ARISE* presents as part of its continuing AIDS coverage Wright's latest work from *The Faces of AIDS: Personal Stories from the Heartland*. Published by the Chicago and Illinois Departments of Public Health, *Faces of AIDS* is a two volume set of photos and text that together profile nearly one-hundred people affected by HIV.

True to his form, Wright gets you up close and personal to the matter. "I'm acutely aware of the relationship between the camera and the subject," Wright says. "I'm simply the guide. It's really a very spiritual process." And you can take that to the image bank.

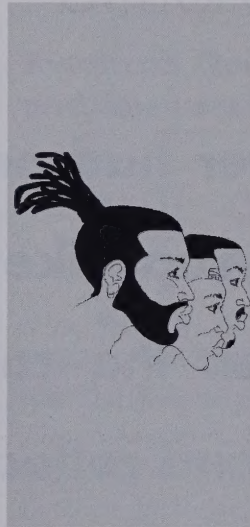
For more information on *The Faces of AIDS: Personal Stories from the Heartland* call CDPH managing editor Cydne Perhats at 312-747-9656.





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KWANZAA

Akilah Monifa

As a child I never had peaches that were not from a can packed in syrup. Likewise, our Christmas tree was not green unless the color wheel was passing the green segment and reflected on the aluminum tree.

I never understood the drama of purchasing and decorating a Christmas tree. When my family was ready for the tree, we simply removed the box from the storage area, set up the pole and inserted the branches in their matching color-coded slots. We didn't have any special ornaments, just multicolored metal balls. But culturally, in our community, that's how everyone decorated for Christmas.

I don't recall ever believing in Santa Claus, maybe because we never had a chimney. Our presents, which were plentiful, were all neatly wrapped and placed under the aluminum tree with name tags clearly marked "to" and "from" and none were from Santa Claus.

Until I was eleven, I grew up, originally in Kansas and then in Alabama, in a middle-class African-American—then called black or sometimes still Negro or colored—household. I do recall seeing Santa (or his representative) at a shopping center but not being allowed to approach, make requests or stand in the line because it was reserved for whites only.

So maybe it wasn't so much the lack of a chimney but rather segregation that caused me not to believe in Santa Claus. I recall seeing black Santa Clauses, but I knew that they were fake because all of the images in print or in the movies were of a white Santa Claus.

Maybe I thought that the "White Christmas" many desired was just that: a Christmas for whites only. Certainly at that time, George Wallace, the governor of Alabama, would have wished for such a Christmas.

But then a scant nine years after my birth, Kwanzaa was created—in 1966 to be exact. I probably wasn't immediately aware of its existence, but when I first heard of it, it was referred to as the "Black Christmas." Surely this was invented in the segregated South, where for so long there had been only "White Christmas." At nineteen I moved to New York and learned it wasn't really a "Black Christmas," despite the fact that it was invented and celebrated by and for African Americans. And it hadn't been invented in the South, but in California.

But now as our societies and communities become more multicultural and cross-cultural we all celebrate numerous holidays in December, including those historically or originally reserved for ethnicities other than our own. Hanukkah, Winter Solstice, Christmas and Kwanzaa all usually come in the second half of December.

I regularly get invited to Hanukkah gatherings, and I am never the only non-Jewish person there. Christmas is not relegated to Christians anymore, and it is a cultural phenomenon unto itself, replete with all its commercialism.

And now, Kwanzaa is constantly being attacked for being separatist and even worse, black nationalist. But, at the last few celebrations I have attended, there have been quite a few non-African Americans present. I do not see Kwanzaa, a Swahili word meaning "first fruit," as separatist or as promoting black nationalism. Rather, I celebrate Kwanzaa as a nod to my African roots, an acknowledgment that I am of African descent despite the fact that I do not know from which country on that vast continent my ancestors came. In many ways, this is why Kwanzaa is so attractive to me. That it borrows from numerous African cultures is appropriate to the nonspecificity of the cultural and ethnic heritage of most African Americans. There is cultural pride in Jewish holidays and Irish holidays, and so the descendants of the African Diaspora should also have and celebrate cultural pride.

Kwanzaa has seven principles that many of us try to embody year-round and not just during the seven days of Kwanzaa, December 26 through January 1. Now in its third decade of celebration, Kwanzaa is recognized by more than the twenty-eight million who celebrate it annually. In 1997, the United States Postal Service honored Kwanzaa with a stamp. Hallmark sells Kwanzaa cards, and many media outlets mention Kwanzaa in the same breath as Hanukkah and Christmas.

But after my painful beginnings of "White Christmas," it is liberating and joyful to celebrate Kwanzaa and to have public recognition of it. So many images in the media beyond Santa Claus are white and exclusive, not reflective of people of color.

I am an advocate of acknowledging and celebrating our cultural roots. So there is room for Hanukkah, Winter Solstice, Christmas and Kwanzaa. I will celebrate them all to various degrees, but Kwanzaa is the one I feel most connected with.

So I simply wish everyone Happy Holidays!

Kwanzaa Quick and Easy Questions and Answers

Many questions surround Kwanzaa. Here are some answers:

1. Kwanzaa, isn't that the African-American Christmas?

Many folks assume that Kwanzaa was intended to replace Christmas. But the celebration has nothing to do with Christmas. Its purpose is to promote unity among African Americans, as well as an understanding of our cultural roots. It was started in 1966 by Maulana Karenga, professor and chairman of Black Studies at California State Long Beach. The holiday is based on the cultures of the Yorubas, Ibos, Ashantis, Zulus and other African tribes.

2. How long is Kwanzaa?

The celebration runs for seven days, from December 26 to and including January 1, and focuses on one principle each day: unity, self-determination, collective work, cooperative economics, purpose, creativity and faith.

3. What religion do you have to be to celebrate Kwanzaa?

Kwanzaa is not a religious holiday. It is celebrated by people of many faiths, as well as those who do not embrace any religion.

4. Why do people celebrate Kwanzaa?

Kwanzaa is sometimes criticized because it is a new holiday and lacks the historic roots of Hanukkah and Christmas, two prominent December holidays. But African Americans' history in this country is relatively short, particularly our history as a free people. People celebrate Kwanzaa for a variety of reasons: to pay

homage to our ancestors, for hope and faith and for renewal and pride.

5. Doesn't Kwanzaa use a menorah or candelabrum?

A kinara (seven-branched candleholder) is used in Kwanzaa celebrations. Some confuse it with a menorah, which is used in Hanukkah celebrations. "Candelabrum" is a generic name for a branched candlestick. Menorah and kinara are types of candelabra.

6. What colors are associated with Kwanzaa?

Red, for the blood of our people, not shed in vain; green, representing hope; and black, for the faces of our people.

7. Is celebrating Kwanzaa tantamount to supporting black nationalism or separatism?

None of Kwanzaa's principles call for nationalism or separatism. This myth probably originated because Karenga, the holiday's founder, was a militant activist in the 1960s.

8. Is Kwanzaa recognized as a state holiday anywhere?

No. But in 1997 the U.S. Postal Service honored Kwanzaa with a postage stamp. And in 2001 the state of Florida is selling Kwanzaa seals.

9. How many people celebrate Kwanzaa?

It is estimated that more than twenty-eight million people celebrate Kwanzaa.

10. Can white people who are not of African descent participate in a Kwanzaa celebration?

The short answer is yes. American society is becoming increasingly racially and ethnically diverse. But cultural sensitivity is always appropriate. More and more of us have mixed ethnic backgrounds. It is important, though, to remember that a big part of the holiday is creating community among African Americans. When invited, I go to cultural and religious celebrations that are not part of my cultural or religious heritage. I participate in a way that is comfortable for my host and for me. It would be arrogant and inappropriate of me, a non-Jew,

to dominate a Seder or Hanukkah celebration, for example. Folks who are not of African descent should approach Kwanzaa with the same attitude.

A proverb often quoted during Kwanzaa says: "I am because we are; because we are, I am." Harambee! (Let's pull together!)

The Seven Days of Kwanzaa:

Umoja (oo-MOE-jah) Unity. To strive for and maintain unity in the family, nation and race. December 26.

Kujichagulia (koo-gee-cha-goo-LEE-ah). Self-determination. To define ourselves instead of being defined, named, created for and spoken for by others. December 27.

Ujima (oo-GEE-mah). Collective work and responsibility. To build and maintain our community together and make our sisters' and brothers' problems our problems and solve them together. December 28.

Ujamaa (oo-JAH-mah). Cooperative economics. To build and maintain our own stores, shops, and other businesses and to profit from them together. December 29.

Nia (NEE-ah). Purpose. To make our collective vocation the building and developing of our community in order to restore our people to their traditional greatness. December 30.

Kuumba (KOOM-bah). Creativity. To do always as much as we can, in the way we can, to leave our community more beautiful and beneficial than we inherited it. December 31.

Imani (ee-MAHN-ee). Faith. To believe with all our hearts in our people, our parents, our teachers, our leaders and the righteousness and victory of our struggle. January 1. ☸

www.officialkwanzaawebsite.org

BOOK REVIEW

Sisterfriends

Portraits of Sisterly Love

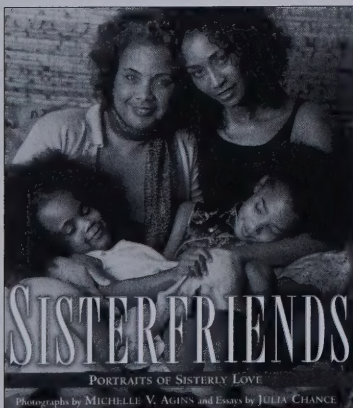
Pulitzer Prize-winning photographer Michelle V. Agins and writer Julia Chance have paired together to create **SISTERFRIENDS: Portraits of Sisterly Love**, an intimate and engaging look into the timeless bonds of sisterhood. Written in forty-nine essays, illuminated by endearing photographs, *SISTERFRIENDS* encompasses the true spirit of sisterly love in real-life stories of both well-known and unsung African-American women from a vast collage of social, geographic and economic backgrounds.

Page after page of this beautiful book display women from all walks of life as they recall the good times and bad times that have made their bonds with blood sisters or sister-like friends unbreakable. Julia Chance presents a unique blend of stories that both make and break the heart while providing thought provoking insight into what makes being a sister so special.

SISTERFRIENDS captures the essence of the nurturing ties that bind women whether blood related or entwined by unshakable friendship. Sure to deliver a rush of joy and warmth, this enchanting collection of essays and opulent photography will touch the heart of any woman who has ever been blessed with a sisterfriend.

SISTERFRIENDS is available from Pocket Books, a division of Simon and Shuster, the publishing operation of Viacom, Inc.

www.simonsays.com



Photographs by Michelle V. Agins
Essays by Julia Chance
Pocket Books Hardcover Original, 2001
ISBN: 0-671-03713-7 \$28.50



The Blige Sisters:
Mary J. and LaTonya



Diane Reeves and
Sharon Hill

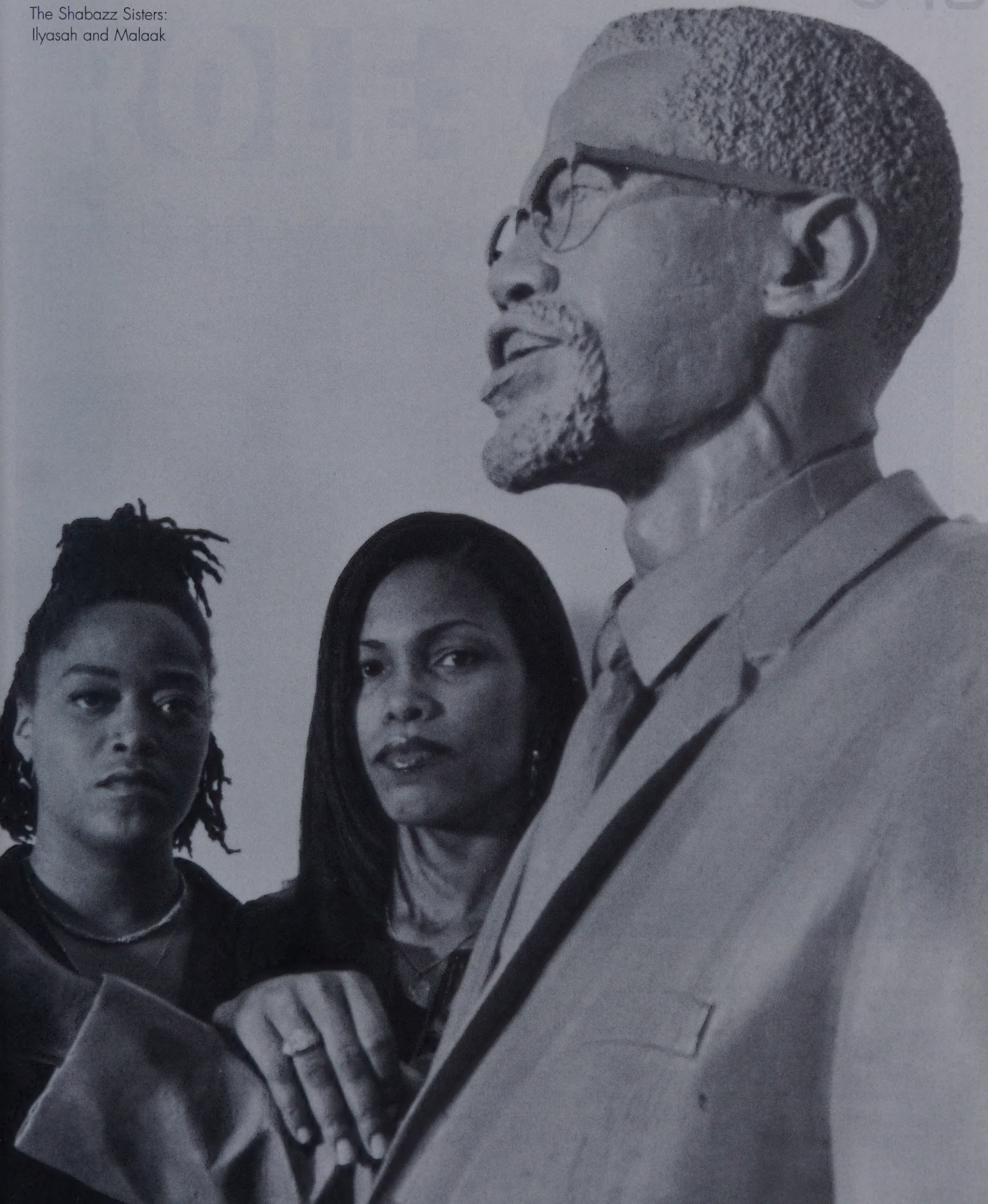


The Hathaway Sisters:
Lalah and Kenya

Shaheerah Stephens
and Iyanla Vanzant



The Shabazz Sisters:
Ilyasah and Malaak



Gloria Jean Cox
and Afeni Shakur



ARISE FEEL THE POWER

ROLE CALL

A Generational Anthology

Role Call: A Generational Anthology

Samiya A. Bashir, Quraysh Ali Lansana and Tony Medina, editors

Third World Press, 2001

\$39.95 Cloth 0-88378-238-3

\$24.95 Paper 0-88378-239-1

If a libation could map poetry on soil and soul, if it could sow the seed of optimism for a future not defined by the excesses of black youth depicted in popular media, but the seed of the voice of a rising generation of writers making the connections between personal struggle and the political landscape, then I would want to witness that ceremony. I have wanted a ceremony for my generation that comprehends what the lineage and legacy of the Harlem Renaissance, Negritude and the Black Arts Movement signify for young artists today. Young black folk have not forgotten our past. We are not all apolitical and excessive consumers of everything Hollywood, MTV and BET present to us, nor are most of us interested in exposing and romanticizing our community's ills without interest in how, why and when we address social and political problems. We are simultaneously critical of the culture in which we live and idealists writing, drawing and claiming our voices and their connection to our collective history. If you look deep beyond what dominant culture tells us about what baseball caps, dreadlocks and hip-hop music signify, you'll note that our future is in good hands. In the epigraph of *Role Call: A Generational Anthology*, co-editors Samiya A. Bashir, Tony Medina and Quraysh Ali Lansana beautifully and succinctly summarize the task of their work in a statement made by Paul Robeson:

"Having been given, I must give"

Moments of crisis insist upon re-examination of our roles and purpose. The call and response is a tradition that insists upon a co-mutual and reciprocal recognition. But are black generations really talking to each other? Do we listen beyond the negative imagery of young blacks with which we are bombarded? Here enters a poetic, artistic and politicized intervention to such

generational schism and negativity: *Role Call: A Generational Anthology* published by Third World Press. Co-editors Samiya A. Bashir, Tony Medina and Quraysh Ali Lansana present us with a refreshingly provocative glance at writers who are central to our current cultural, artistic and political renaissance. In the foreword, Haki R. Madhubuti writes:

"Welcome to today's thoughts and words. Welcome to young minds free and liberated enough to write, illustrate, think, act, publish and publicly state what is on their young fired up minds. Flashback to the 1960s: I remember, oh so well, being literally beat up in print by the cultural watchers and police who felt that my works and the works of others were too angry, too ghetto, too rude, too Black and we were too young to have anything meaningful to add to the cultural dialogue of the time."

Then flash to the present and we are faced with the same misperceptions and "stereotyping" of youth culture and a pessimism that would seem to suggest that our future as black people is a bleak one. My generation, as generations before us, has never had the luxury of separating our cultural product neatly into social, political and artistic categories. Our lives shattered and disrupted by not only the degradation of black bodies brought from African to American soils, but also by the very memory of struggle, dis/ease and death, we are called to remember our wholeness. Art, poetry, essay becomes a medium for articulating our most profound hopes for a future whose best sista-girl is a past—a past that insists that remembering requires something of us. If memory and our sense of history are the wellspring for cultural, artistic and political production, then *Role Call* insists upon a re-engagement of the rituals that continue to have meaning for black folk. Consider the importance of such an intervention in a culture where the mainstream cultural depiction of young adults' "art" is defined in terms of excessive

demands of a generation that has chosen to forget. But we have not forgotten.

Role Call presents a refreshing look at what young folk have to say about a variety of issues. Chapter One asks: "What is the Role of Today's Emerging Young Artists in the Current Struggle for Equality and Justice?" Chapter Five interrogates complacency and is self-aware in that it insists on a renewed sense of collective responsibility. The "role call" here is presented as a "Litmus Test of—and a Call to Arms to—a Generation Grown Fat on the Limited Freedoms Won by the Civil Rights Struggle."

You will not witness the heartbeat of these poems, be encouraged and moved by their political commentary, nor be lured by the beauty of black art if you limit your gaze to the television and popular media. *Role Call* suggests something different about the current renaissance, though in doing so the co-editors reflect critically on our collective history and note the mistakes that affect the social and political transcendence of intra-racial "issues". The marginalization and silencing of many black women and same-gender-loving people in political-aesthetic movements of the past are considered by some to be the root of their failure. *Role Call* is a roll call of young black writers and artists across these gender, sexual and class boundaries—something which I believe distinguishes the current movement from those before—and which signals a future where conversation between black people pushes us to a heightened sense of awareness and community. The diversity of the African Diaspora shows up in *Role Call*, acknowledging the many tongues of black people and the various ways of speaking and signifying that come out of a shared experience of oppression.

Natasha Tarpley writes:

"Some say our story begins in the middle of an ocean, in the belly of a monster, at the mercy of demons. Others say that we began with a hammer and a nail; that we laid our bodies down and raised cities along our spines. But I say it goes deeper than that, deeper than cotton fields and human cargoes, the thick and heavy links of a history we're constantly trying to break, to desire."

These words represent the complex interweaving of metaphor and allegory experienced by writers of the current renaissance. *Role Call* is not an easy or fun read that leaves the reader with

resolve, a Coke and a smile by the end, but one that demands something of the reader: a question, a conversation, a movement waiting to be ignited.

I was very happy to see in *Role Call* a host of people I already consider part of my "family" and inspirations for my own work: Shay Youngblood, Marvin K. White, Tish Benson, Mendi Lewis Obadike, Carl Hancock Rux, Doug Jones, Star Ache, John Keene and G. Winston James among many, many others. The level of sophistication and creativity in this work is monumental. The interweaving of prose, poetry, essay, visual art and playwriting operates as brilliant and symbolic metaphor for the unification of black expression. It is my hope that this generates a call for more dialogue between generations before and after our own. We are cultural mediators of generations blocked by a great deal of negativity and pessimism fed to us through mainstream media. Somewhere between the collage called hip-hop and the resurrection of Black Power and Civil Rights narratives is a poem. The co-editors summarize the purpose for their "call" in the introduction:

"We begin with a call.

*Trying to make our way through the changing
same of American life, comfortable with
shopping malls and cable, McRibbs and
organic free-range chicken, capitalism
consolidating its economic strength on a
global scale. We weep over Diana and Jon-
Jon, nose deep in the Post, stepping over
bloodstains on the front stoop. We be walking
up to the stage, self-conscious, egocentric,
pulling a pawn shop microphone out of a
black leather case, straightening out the shirt,
clearing the throat.*

With a calling

Djembe and bata drums say come!
The ancestors call.
We respond.
The circle widens."

Will we respond? And what will our response incite in terms of our collective future? 🌱

Tim'm T. West is ARISE's Next Generation Editor. He can be reached at naptitude@aol.com.

TRADITION AND CULTURE

Christmas, Kwanzaa, Hanukkah ... Time is Here.

by L. Michael Gipson

How does the black LGBT family spend the tradition and religion driven holidays in light of the secret "DL" and non-Christian lives many of us keep; the surrogate families many of us have had to create; and the technological innovations that have assisted a growing number of us redefine the nuclear family? Based on the experiences of those I spoke with for this article, I discovered that much hasn't changed, even while much is radically different for us than for any generation of LGBT black folks in American history. The stories in this article are not the holiday experiences of all LGBT people of African descent; rather, they are the experiences of those whose lives push the boundaries of tradition and acceptability. By highlighting the unique life experiences and worldviews of the people mainstream society deems as "mavericks," I hope to help those within the margins feel that they have a little more breathing room to stretch their understanding of, as DMX barks, "Who We Be."

My Family

To anchor this holiday tale I'm starting with the most personal and familiar, I'm starting with me. Whether I am gay, bisexual, or straight, my little

eight-year-old brother T.Y. will still call me a month before of Christmas to tell me exactly what he expects to see under the tree from his big brother. T.Y. will be eagerly replaced on the phone by my newly pubescent sister, Renee, a delightfully sarcastic beauty who has discovered the freedom that cash gifts can inspire in the consumeristic heart of any adolescent. In these respects much in my "holly" universe remains traditional.

But then my mother replaces my sister on the phone and my "traditional" holiday is revealed to still be something fragile and new. My mother will speak in a lower, almost apologetic, register and ask me to just get gifts for my siblings this year. In her tone is an underlying but fading tinge of guilt that a two-year reconciliation has yet to fully erase. The near nine years of our estrangement still keeps us from fully returning to our rightful places of mother and son. My coming out to my mother at sixteen disrupted the next nine holiday seasons and made me a stranger to her and the rest of my family. Her hurtful words and subsequent abandonment of me, her eldest son, dismantled our proper roles for what may be a lifetime. Maybe. Her gift will be in the mail with my siblings', but we will not spend the holidays together. I will be spending my holidays in DC with my newly discovered eighteen-year-old half-sister, LaKeisha, (unbeknownst daughter of my "Papa was a Rolling Stone" father). It will be LaKeisha's first time out of our hometown of Chicago and her first Christmas getting to know her openly gay brother. Soap opera enough for you yet? Well, we are just getting started.

New Families

"The holidays are a time for close, close friends and close, close family," says new daddy Tony White. In Maryland, up the street from my Capitol

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Hill tale, reside two same-sex couples learning to spend their first holiday together as a new, twenty-first century family. Almost five months ago Tony became the biological father of a beautiful baby girl named Morgan; or I should say, *one* of the fathers, since his partner, Desi, will surely be assisting him in the parenting responsibilities. Blessed bundle Morgan will also have two African matriarchs (one biological) mothering her during her first year's holiday cheer. Confused yet? You see, through the wonders of reproductive technology, the goodwill of diplomatic adults and a legal labyrinth of paperwork, Morgan has four parents: two lesbian mommies and two gay daddies (and an untold number of godparents, "aunties" and "uncles" out searching for this holiday season's must-have toy). "We're looking forward to spending our first Christmas with our daughter. I feel like the holidays are no longer about me, they're all about my daughter Morgan now," says the patriarch. Now, which one?

Chosen Families

Not everyone will be as parentally blessed as little Morgan this year. While some of us have been gifted with multiple parents, some black parents don't appreciate the unique gift an LGBT child can be. I spent the years that I was estranged from my family cultivating a new family with whom to celebrate my holidays. Initially, my chosen family was composed of strong black gay men who mentored me and loved me better than family. My family has since grown to include many more members, so I'll spend this holiday season with those men (shout out to Tim, Gerard, Vernon, Aaron, Toby, Everett and Kevin), vibrant lesbians (M'Bwende, Charlene and Monique!), and dynamic ally (heterosexual) friends who help keep me happy and sane (Lil' Pete, Nicole, Yonelle, Vanessa, Tish and Paulette!). I am not alone in my experience of crafting a new family to replace the old.

"I'll be with my surrogate family—my 'aunt' and my drag-mother, during the holidays," says nineteen-year-old Jacksonville resident, Daneisha Queens.

A beautiful and resilient transgendered youth, Daneisha was kicked out of her family's home for being an openly gay teen. After a brief bout with homelessness, Daneisha found love and a safe haven in her aunt and drag-mother's home. There the three help each other move beyond survival to prosperity. "We all have HIV; my drag-mother has AIDS and my mother and I have HIV. So we support one another, though this holiday we may be fighting over my aunt's chitlins!" Daneisha says with a chuckle.

In the year since her coming out, Daneisha has found support and employment through JASMYN, an LGBTQ youth center, and has become an inspiration to other transgendered black youth there. Seventeen-year-old Cinderella Sweet is one such inspired trans youth. Cinderella will spend the holidays with Daneisha's new chosen family. "I'm not going home to my family's [home], chile'; it's too much drama. If they see these hips and stuff it'll be a mess," says Cinderella. Like Daneisha, Cinderella came out young, but unlike Daneisha, Cinderella resides in a youth group home. "This will be my first Christmas as an out and proud gay person, and I'm excited about that!"

In the Spirit, in the Life

Spirituality is an inseparable part of holiday traditions, particularly for people of African descent. How do holiday traditions evolve for black LGBT people of various faiths?

"While I may be spiritually more attracted to the Wicca and Yoruba religions, on Christmas Day I

TRADITION AND CULTURE

Christmas, Kwanzaa, Hanukkah ... Time is Here.

still wanna run downstairs and open my gifts like a little kid," says thirty-something lesbian and income development extraordinaire, Monique Meadows. "So while my spiritual beliefs and needs evolve, and I may claim to celebrate Winter Solstice rather than Christmas, when the day arrives I guess I still spend my holidays like I did when I was a practicing Baptist."

Another reformed Christian, Jermal Powell is a twenty-six-year-old Yoruba devotee who will be engaging in a dual holiday season this year. "I will be splitting my time in North Carolina between family and friends. I'll do the traditional thing with family, though I am planning to do a small ritual in front of them to keep things true. Then I'll spend the rest of my holiday with friends engaging in Yoruba rituals, songs, offerings of food, praise, poetry (oriki) and African dance," says Jermal.

Even though the Yoruba tradition doesn't really have a winter holiday comparable to Judeo-Christian holidays during the winter season, Mr. Powell still believes it is important for him to "engage in rituals that honor the ancestors, especially rituals that honor my Orisa, who has been there for me this year."

As a practicing, reformist Christian, I'll spend it with other more traditional black people of faith at Inner Light Unity Fellowship of the Unity Fellowship Movement. Unity Fellowship is a Unitarian faith based movement begun by the black and openly gay Bishop Carl Bean. At Unity, I know we'll be prayerful on Thanksgiving; honoring the principles of Kwanzaa; singing carols, gospel and Negro spirituals at Christmas; and worshipping and praising a God that loves me just as I am all year round!

Like all cultural components, holidays evolve, morph and explode into something that keeps one toe in the past while sprinting forward just enough to keep their meaning relevant and fresh for future generations. As LGBT folks living in a heterosexually defined society, the very nature of who we are propels that evolution. As black folks who need to keep close ties to our cultural heritage for our sanity and survival, we have learned to hold on to those things that echo home, that echo hearth, that echo the security we need to believe is inherently residing in our families and their traditions. So as black LGBT folks of triple consciousness (black, gay and human) we hold on by any means necessary to our cultural markers during the holidays, while still pushing the boundaries of those traditions so we may comfortably live our truth. For some, these tensions of family, tradition and who we are can make the holidays too difficult to bear. Some of us have lost faith in the complementary effects that these holidays are supposed to render on our lives.

But the holidays needn't be negative. The lives of those highlighted in this article bear witness that one can cultivate a unique holiday experience that reflects an individual's truth and the traditions he or she has been taught to honor. As someone whose relationship with my estranged mother took its first step toward healing and redemption through a Christmas card, I have renewed faith in the holidays' power. My mother's Christmas gift to me began, "I am so proud of you and wanted you to know that I love you just as you are." Let me tell you, while that was the best holiday gift I've ever received, what was even more amazing was sharing it with the surrogate family that has loved and celebrated me throughout all my holidays. Because other "mavericks" and I dare to live with the tensions of our existence, we can have the best of everything with no unwanted gifts. ☺



*“AHF saved
my life!”*
—Chico

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FAMILY TREASURES BLACK GAY AND LESBIAN ARCHIVE

by Steven G. Fullwood

Marcus Garvey once said, "A people without their history is like a tree without roots."

I think about this phrase in reference to black LGBT/SGL culture. The cultural renaissance we've experienced in the last four decades has been nothing short of amazing. Organizations and groups such as the Audre Lorde Center, People of Color in Crisis, The Black Men's Exchange, Adodi, 2nd Sunday, The Griot Circle, Black Gay and Lesbian Leadership Forum, and United Lesbians of African Heritage, just to name a few, have mobilized black LGBT/SGL communities by providing countless health, social and political advocacy services, often with limited funding and resources. We've started our own publishing companies, including Vega Press, RedBone Press, Galiens Press, and IAJ Books, among others. And just about every major city now produces annual pride events.



Now, with that in mind, where is the evidence?

It's in the books, magazines and journals in all genres that we've produced, along with the films and videos produced for us, by us. It's in the photographs, posters, hand cards, conference programs and proceedings, and in the organizational records. It's in the flyers for special events, political rallies and sex parties. It's in the CDs, albums and cassettes produced by black LGBT/SGL folk, disco, R&B, and hip-hop musicians. It's all over the Internet. And the evidence continues to grow, every single day.

I think of all this and wonder that after blacks are no longer "fashionable," or when gay life is considered passé or further maligned, what will be left? A few books? Maybe a video, or a few magazines? Better put, when the dust clears, will our contributions to world culture be known?

I asked myself these and other questions about three years ago when I was researching a grant to process the historical records of Gay Men of African Descent, Inc. (GMAD). After days of searching repositories all over the United States, I was sadly disappointed by the lack of representation of black LGBT/SGL culture. Sure there were books. There were even a few manuscript collections, but overall the documentation was scarce and extremely limited in format. There were literally no collections that celebrated the diversity of black non-heterosexual life. A small collection of papers of noted writers (Joseph Beam, Assotto Saint, Melvin Dixon), and the records for a New York-based writing collective (Other Countries, of New York) exist and are housed at the Schomburg Center for Research in Black Culture (where I currently work as a manuscripts librarian). But that's hardly representative of the community. Back in the '90s, I would have deemed it a good start. Now we must consciously put our records down and take our legacies one step further.

Recently, I started developing a project called the Black Gay and Lesbian Archive (BGLA). The BGLA is a project designed to document the contributions to arts and culture by black gays, lesbians, bisexuals, SGL and transgendered folk. Printed materials (books, magazines, newsletters, journals, pamphlets, flyers, hand cards, prints and photographs), moving images and recorded sound materials (film and video, music, and conference proceedings) will primarily constitute the archive.

The project is divided into two phases: first, the BGLA will collect materials nationally and internationally for a three to five year span, then deposit the materials at a reputable institution for access and preservation. The main objective is threefold. The archive will provide worldwide access to a plethora of information about black LGBT/SGL life through various media. Scholars and casual researchers alike will be able to construct long overdue histories about the black LGBT/SGL community for

both academic and personal use. And perhaps best of all, a budding consciousness will arise among institutions, artists, activists and other members of the black LGBT/SGL community who will thus be encouraged to be more responsible in making efforts to document black LGBT/SGL culture.

The response has been tremendous. Thus far the archive boasts artifacts and material from California, New York, Ohio, North Carolina and Georgia, dating back over twenty years. Relying entirely on donations, the project has already attracted rare items, including issues of the first black gay and lesbian-oriented newspaper, *Moja*, and a full run of the Los Angeles-based magazine, *BLK*.

Recently, the archive acquired several wonderful items. Firebrand Books recently donated several publications by Shay Youngblood, Kate Rushin, Cheryl Clarke, Pat Parker and Jewelle Gomez. Ms. Gomez donated all of her books, essays and a few photographs to the collection, which has helped to raise the lesbian presence in the archive.

As we all know, homosexuality in the black community has generally been a taboo discussion subject, primarily limited to whispers and telephone gossip. The lack of acknowledgment toward non-heterosexual people has resulted in ignorance of their talent, creativity and cultural expression. BGLA will help bring notice to the significance of the black LGBT/SGL presence that has been—to a large degree—ignored.

Some by-products of the archive will be bibliographies, forums and conferences. There are plans to push the archive in the field of archival information studies.

The BGLA plans to collect material donations and expand through the year 2005, at which time the archive will be made available to the public.

For more information about the BGLA, or to inquire about the donation process, please contact me directly at the Schomburg Center, 212.491.2224 or at stevengfullwood@yahoo.com.



PEARLS OF WISDOM

towards understanding

by Shante Smalls

I love you my sistah. Even though every time I say "hello" or "good evening" to you and the brotha chillin' on the stoop—only one of you replies. I love you my sistah, even though you look at me; eyes narrow, lips pursed in lemon-y stare as you glare over my bell-bottoms and dashiki. I feel shame for your embarrassment of my non-conformity. I love you, my sister, even though I hear what you say despite your esophageal muscle clamping back your words—your face says it all.

I hate you my sister—your fried chicken-eating ass
throws bones on the lobby floor,
roach-heaven invading my spotless kitchen...

Our worlds collide daily
nightly.

Two bodies of matter cannot occupy the same space
It defies the laws of physics
but we do
we do.

I hate you my sistah because you don't notice me or yourself and
you let someone, anyone, enter you and leave you with
questioning progeny
And angry feeling
And a Black woman's silence.

I hate you and I love you and I love you and I hate you
And fear you and adore you and honor you
And cherish you
You were the first woman I loved.
You taught me how to love a man
You showed me how to love a woman
I owe you all that I am
And ever will be
And for that,
I love you.

October 2001



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Florence

PASSAGES



Inside at
Animal Kingdom Park
Disney World, Orlando, FL



The Lion King at Animal Kingdom Park, Disney World, Orlando, FL



Hand Carver at
Animal Kingdom Park
Disney World, Orlando, FL

CHARITY BEGINS AT HOME

by Michael Andre Adams

Just three months ago, terrorism struck in two major U.S. cities. For many it seemed new. However, if the truth be told, our African-American ancestors and honest historians alike could be made to recollect and share stories of life-threatening and life-taking horrors that once occurred routinely on U.S. soil, at the hands of fellow Americans dressed in hooded sheets.

Terrorism is not only detrimental to a people, but also its economy. Perhaps hardest hit economically by the events of September 11 are the travel and hospitality industries where layoffs and bankruptcies are becoming routine.

One might think that a drastic reduction in prices might just stimulate the desire for increased travel. However, for many companies, such has definitely not been the case. But, like my grandmother used to say, "you can keep your hand closed tight and nothing will get out—or in either!"

Fortunately, Southwest Airlines, a pioneer in the airline industry, has set the example. Southwest was the first to advertise following September 11, and has since offered a plethora of savings to domestic travelers. Logon to the website at

www.southwest.com and see for yourself. And while you're at it, sign up to receive their weekly e-mail advisories.

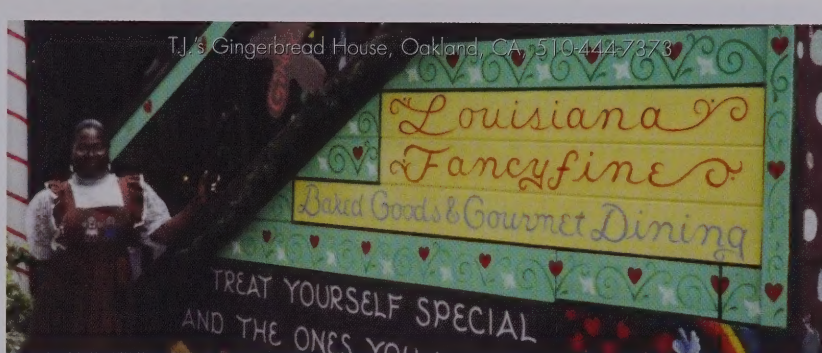
Since charity begins at home, we felt it best to share a couple of domestic jewels beginning with an East Bay experience in the city of Oakland, California. There, black and other ethnic businesses are on the rise in a newly redeveloped area right around Jack London Square on the San Francisco Bay.

Take my advice and delight in a scrumptious lunch at TJ's Gingerbread House. Talk about charm, the décor is reminiscent of a dollhouse, with a collection of more than three hundred dolls throughout. As for the food, people of all ethnic backgrounds come running from near and far to partake in the experience.

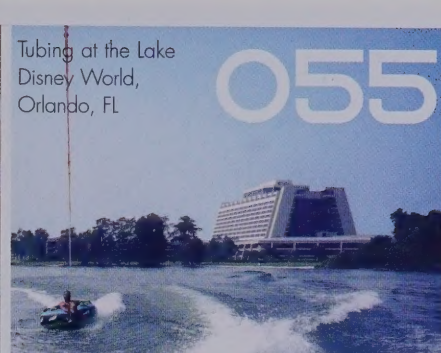




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Tubing at the Lake
Disney World,
Orlando, FL

055

Shirika, your hostess with the mostest, might suggest trying the jambalaya with some sassy corn bread on the side. Do yourself a favor and take her advice. You won't be disappointed! For desert, take your pick from the sweet potato pie, bread pudding or gingerbread. It's all good! Wash it all down with a delicious glass of fresh squeezed lemonade. Call for directions and reservations at 510-444-7373

Before heading to the gym to work it off, take a detour for an hour or so to experience a romantic ride in a handmade gondola imported directly from Italy, courtesy of Gondola Servizio. Hours of operation include both night and day. They'll sing to you, romance you, or simply allow you to enjoy the lake and city views. Advance booking is suggested by calling 510-663-6603.

Later that evening you may want venture on over to Yoshi's World Class Jazz House and Japanese Restaurant where the

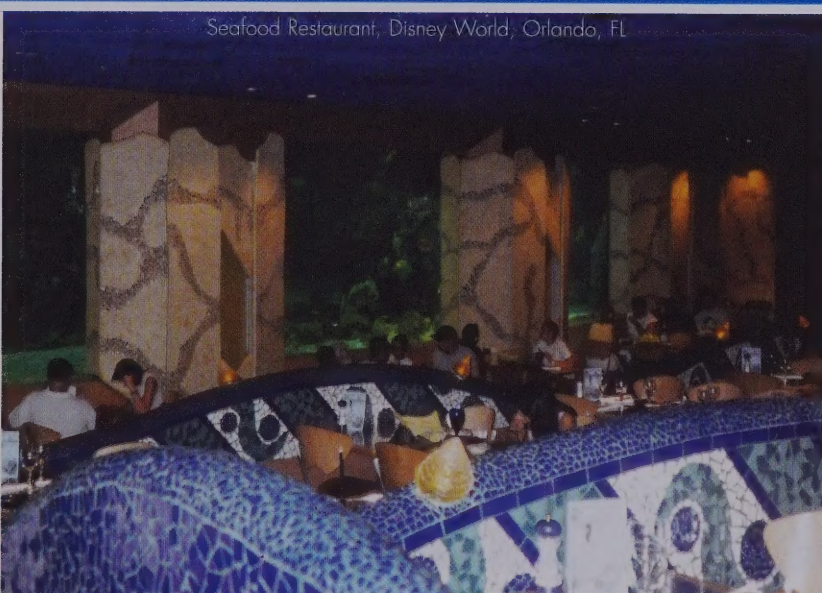
Out for a total mind, body and soul experience, the tour began with an afternoon of spa treatments at the Grand Floridian. In addition to a soothing massage and a long overdue manicure and pedicure, I had the facial of my life, courtesy of J.R., the world's best esthetician.

By nightfall, dining and entertainment are plentiful. Jiko, on the first level of the Animal Kingdom Lodge, soars high on the list. Make sure that someone in your party orders the Banana Leaf Steamed Sea Bass served in an asparagus purée. For desert, think outside of the box and try the Cardamom Flavored Chocolate Candy, wrapped in delicious phyllo pastry. You'll thank me later.

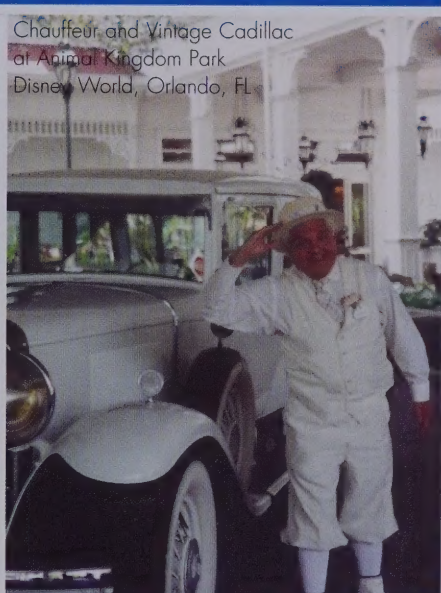
Afterwards, head over to Downtown Disney for Cirque Du Soleil's *La Nouba*. Between the spectacular effects, dramatic sounds, the high-energy score and some of the most chiseled physiques, you



Tour Guide at
Animal Kingdom Park
Disney World, Orlando, FL



Seafood Restaurant, Disney World, Orlando, FL



Chauffeur and Vintage Cadillac
at Animal Kingdom Park
Disney World, Orlando, FL

likes of Arturo Sandoval may be on hand to bring the house down! The food is pretty decent too.

Skipping clear across the nation to yet another destination serviced by our friends at Southwest Airlines, enter the magical kingdom of Disney World, in Orlando, Florida. This place will bring out the kid in every adult, guaranteed. From the moment my chauffeur, Larry, opened the door to the vintage 1929 Cadillac, I knew the day would be magical.

are sure to remain on the edge of your seat throughout the entire performance before rising to a standing ovation at the finale.

Come morning, choose to work off the excess calories water skiing, tubing and parasailing on the marina, behind the Contemporary Hotel, before heading over to Animal Kingdom Park, where the spirit of the motherland awaits you. Logon to www.disneyworld.com for a virtual tour or call 407-824-2222 for more information.



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Its goal is to unify the Black gay/bisexual community
through art and artistic expressions.

For more info contact mike@stopaids.org
or call Mike at 415.575.0155.

THE SPIRIT REMINDS US

by Sundiata Najja Alayé

We have much to celebrate in rich traditions—those that have been laid before us and those we have created for ourselves. Brothers MacArthur and Glenn have placed hard work, energy and love into such a creation. ARISE is a prime example of new traditions that root us and forever change how we see ourselves and each other—a needed change in our culture. Thank goodness it is here.

As I write today, I reflect on life, family, blessings, history and herstory. I take a deep, cleansing breath and close my eyes as I approach the Creator in prayer. I thank him for the many blessings I've been presented on my journey, most thankful that He has allowed me to understand and surrender to the power that shapes my way. The message here for you is to find your way back.

I venerate peace; peace with myself and peace with the process of life, realizing dreams, desires, hopes and ambitions. I stop long enough only to raise the bar as I start anew with fresh ideologies and mindset. The message: Join me here.

I celebrate my physical, spiritual and emotional health. Refreshed, revived and renewed, standing ready, front and center, to rest the arms of those weary from battle; those deserving of a place to rest after years of struggle and sacrifice. The message: Treasure your health! Nurture your spirit! Pick up the spear!

I delight in memories, though bittersweet, of friends and relatives as I recall painful times when ravens dropped black feathers at my door. I remember fondly the beautiful souls stolen by HIV/AIDS, black on black violence, and time. The message: Remember lest we forget and repeat.

I revel in the boldness of love's promise, the strength of its sentiment, the beauty of its truth. It has arrived at a time when I seek not solely love's pleasure but have passed outside of love's domain into peace and understanding, where it is safe



to cry all of my tears and laugh all of my laughter. The message: Our relationships—all of them—are Holy and our role in them almost priestly. Here we learn, we love, we teach and we heal.

I indulge in the beauty of my family and friends. A beauty beyond the senses, a beauty unworthy of simple description. I've learned the true meaning of love, that love is not an art, love is life. I am forever indebted to those who have validated that material possessions mean nothing, only love does, for jewels have brilliant fire, but can provide no warmth.

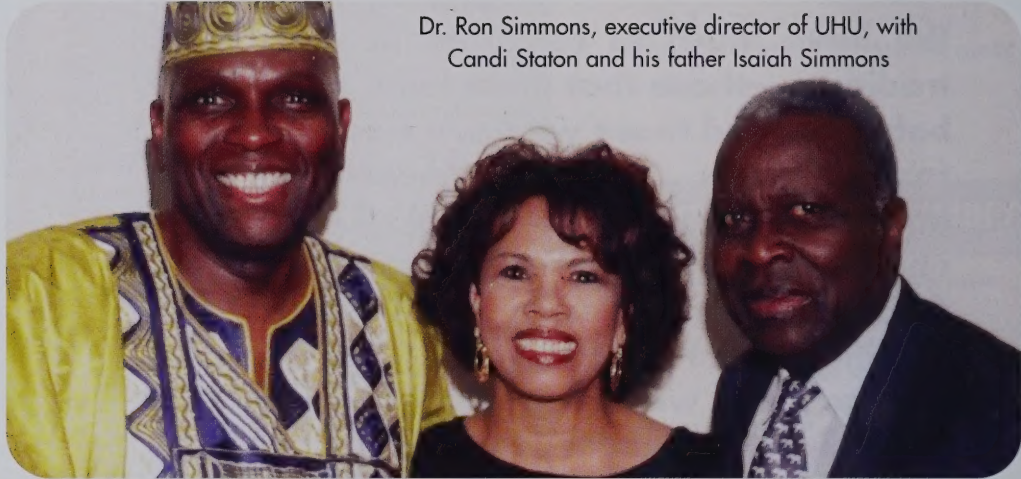
I rejoice and I celebrate today and every day, for there are many things against me that daily try to diminish my spirit, my peace and my very life, yet they all fail. And it is because the Spirit reminds me of who I am and that God loves me just that way. Thank you, God. Thank you. Amen! ☸

Peace, blessings, light, love
Sundiata

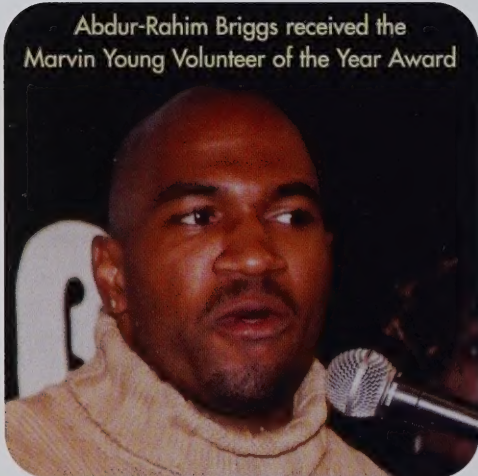
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Us Helping Us Banquet Washington, DC

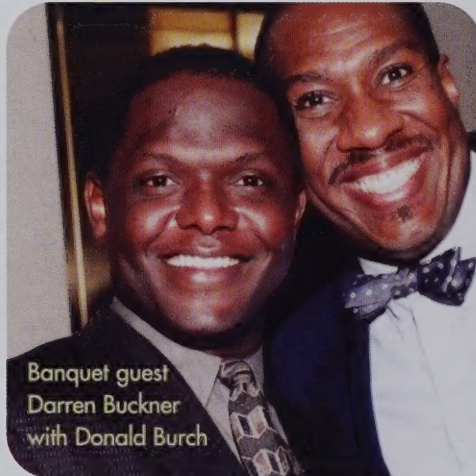
Dr. Ron Simmons, executive director of UHU, with
Candi Staton and his father Isaiah Simmons



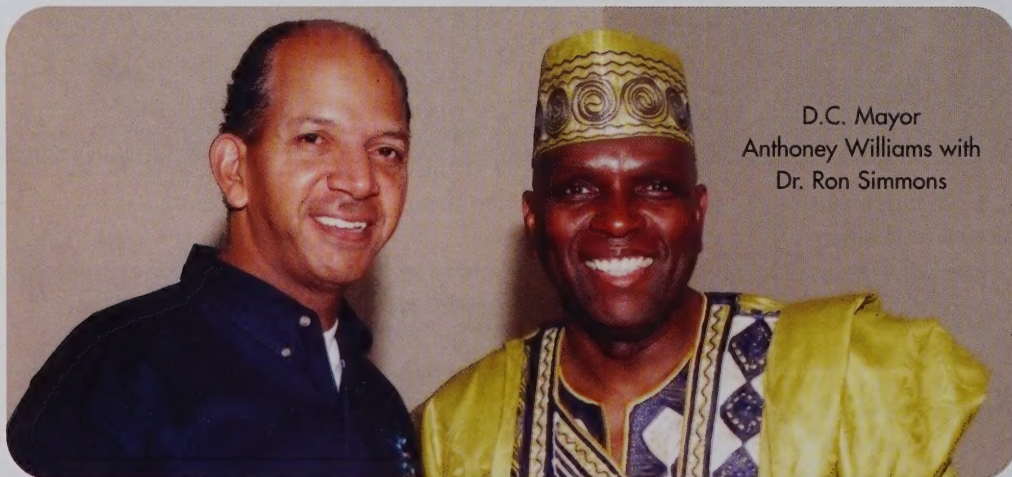
Abdur-Rahim Briggs received the
Marvin Young Volunteer of the Year Award



Banquet guest
Darren Buckner
with Donald Burch



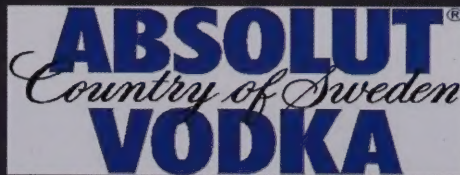
D.C. Mayor
Anthony Williams with
Dr. Ron Simmons



Candi Staton performs
at the UHU banquet.



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ARISE
MAGAZINE

FEEL THE POWER

CONTINUED FROM PG. 14

infected with HIV or living with AIDS. To date, there have been more than half a million South African AIDS deaths, and there is no sign of the pandemic slowing its ravages. And despite the great strides in AIDS care and treatment that was widely reported at the Durban conference, such care and medicine sadly remains out of reach of most South Africans.

According to the World Bank, South Africa's per capita income of about \$3,170 places it among the middle-income countries. However, after years of apartheid, distribution of wealth remains very uneven, and few HIV-infected South Africans have access to medical care or can afford the \$12,000 to \$16,000 combined drug therapy regimens more widely available in Europe and the United States. Approximately 13% (5.4 million) South Africans live in so called "first world" conditions, while 53% of the population (22 million) lives in "third world" conditions.

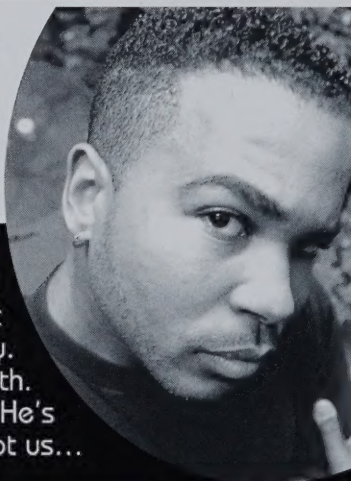
Nomaswazi Mlaba, executive director for NetCom, SA observed, "People in South Africa are not dying because of HIV. They are dying because our government stands in the way of education and treatment."

Despite the bleak AIDS forecast for much Africa, there are glimmers of hope beyond Ithembalabantu. In nearby Uganda, President **Yoweri Musevine's** aggressive leadership on HIV prevention has helped reduce Uganda's HIV infection rate from approximately 30% down to only 6%—a remarkable testament to his dedication to the fight against AIDS. Following the Ithembalabantu clinic opening, AHF president Michael Weinstein and Global Immunity executive director **Henry Chang** traveled to Uganda and met with President Musevine to discuss bringing Global Immunity programs to his country.

Through Ithembalabantu, AHF's Global Immunity program expects to serve two hundred South African patients per year regardless of ability to pay, as is done at each of AHF's clinics in the United States. Global Immunity is currently exploring private and government funding options, and is pursuing pharmaceutical companies to try and secure the life-saving AIDS drugs for Ithembalabantu patients at little or no cost. ☺

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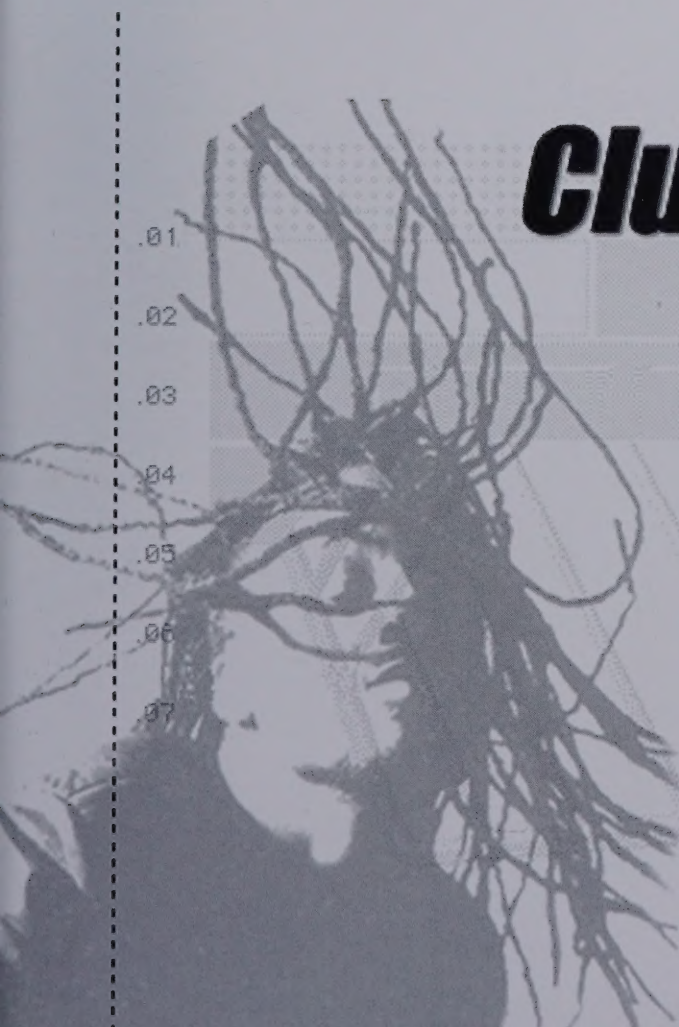


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TRANSFORMATIONS



Culture and Tradition: Doing Your Own Thing...

by Sharyn Grayson

The Negro/black/African-American experience, as I have lived it, has been profoundly steeped in culture and tradition. Although there were times when I would rather have not had to bear the burden of certain aspects of "tradition" borne from my culture, I can now say that I have come to appreciate and understand the importance and meaning in having had those past experiences.

Case in point: New Year's dinner for my family routinely included heaping servings of mom's chitlins, black-eyed peas, collard greens and her infamous cracklin' cornbread. I hated the entire meal. But for years that would be our normal family fare. The tradition was broken only when I became old enough and responsible enough to cook for myself (and any others who shared my distaste for the routine holiday feast).

Yet, the most significant part of those wonderful times at our family table was the simple fact that we were all together ... as family ... a unit ... a body of people sharing each others' joys, sorrows, dreams and hopes.

As the years passed and changes occurred in my life that dictated new directions and my own holiday traditions, I found that the most important aspect, still, was vested in the simplicity of "spending time with those you care about."

Therefore my dear ones, I offer to each of you this simple suggestion as we approach the upcoming holidays ... plan to spend time with those you love and care about. And, if you enjoy a "challenge" every now and then, why not expand your horizons to include someone from within the 'gay family circle' that you would not normally think about, in terms of inclusion? Why? Well, why not? You maybe surprised to find that there are some commonalities shared between you, after all. It could be the birth of a wonderful new friendship.

The horrors and tragedies of the past three months have given us all the opportunity to pause and rethink the importance of

"togetherness" and "solidarity." It's so sad that it oftentimes takes tragic circumstances to unite people who would otherwise choose to separate themselves from the truths we all share anyway.

Today offers a wonderful and exciting opportunity for each of us to begin anew. Why not establish our own traditions within our own culture (as if this is a new idea)? If you're already doing something "traditionally," or on a routine basis, why not plan on expanding it to perhaps include others? Get them involved in the planning process and make it an annual affair. Mind you, this does not have to take on the flair of a Pearl Mesta event. It can be as simple as meeting a few friends at a local bar or restaurant for a drink or dinner. But make sure you plan to do this on a basis that is consistent and meets, realistically, with everyone's schedules.

To say the gay community is rich with tradition and culture is a profound understatement. Our traditions are as numerous as the individual numbers of pollen in the Georgia air. Therefore, we surely have the wherewithal to pull together events that will have significance, passion and all the traits of a memorable and fun time for all who choose participate.

Personally, sometime this year, I am planning to start an annual gathering of close friends. Just to spend a few (brief) hours of quality time together—reuniting, renewing our friendships and our respect for each other. Nothing fancy. But we will do this each year. The significance, I trust, will be realized each year in sharing our individual experiences and realizations of personal events leading up to the planned date.

If you are a person with a high degree of stamina (and financial capability), you can have several planned activities or traditions for the year. Just take into consideration that in order for your event to rate as "tradition," there needs to be some form of regularity (i.e., weekly, monthly, or annually).

Wishing you much success in your endeavors.

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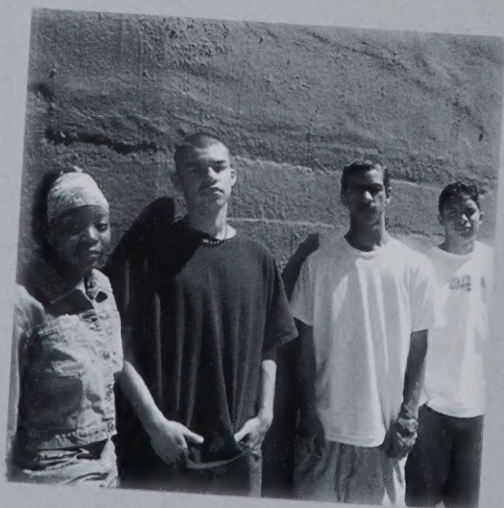
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